HMO

Office of Health Maintenance Organizations

5TH ANNUAL REPORT TO THE CONGRESS

FISCAL YEAR 1979

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OFFICE OF HEALTH MAINTENANCE ORGANIZATIONS

5th ANNUAL REPORT TO THE CONGRESS

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FOREWORD

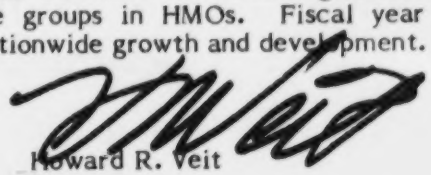
I am pleased to forward to the Congress the fifth annual report on the Health Maintenance Organization Program.

During fiscal year 1979, the Department took significant steps toward fostering the nationwide development of HMOs. Enrollment grew by 12 percent over 1978, bringing the total membership to 8.25 million. The number of prepaid plans reached 215 from a previous total of 203 in 1978 with at least one HMO operating in 35 states, the District of Columbia and Guam.

This Administration has continued to designate HMOs as an important part of our strategy to contain health care costs and to provide quality health services to the population. The HMO concept is designed to discourage those practices that have contributed to increases in the cost of health care. The organized prepayment delivery system provides incentives for efficient delivery of services and has proved effective in reducing hospital use, the most significant factor contributing to health care expenditures.

During the past year, the Department made significant progress in improving the operation of the program, an effort begun in 1978. We have enhanced our promotional activities, strengthened our technical assistance efforts, further streamlined our grant review and qualification procedures, and implemented a comprehensive program to monitor the qualified HMOs.

During the coming year the Department will continue to respond to the needs of prepaid plans and the public with the goal of making HMOs available to even higher percentages of the American people. Special efforts will be made to enroll significantly more individuals from our elderly and low income groups in HMOs. Fiscal year 1980 is projected to be another meaningful year for nationwide growth and development.



Howard R. Veit
Director
Office of Health Maintenance
Organizations

CONTENTS

Page

FOREWORD

SUMMARY/HIGHLIGHTS OF HMO ACTIVITIES -- 1979 1

PROGRAM ACCOMPLISHMENTS 3

HMO Promotion and Development 3

HMO Regulatory Activity 5

HMO Quality Assurance 6

1979 LEGISLATION AND REGULATION 7

National HMO Management Training Program 7

Construction Loans 7

Grants and Loans 7

Financial Disclosure 7

Regulations 8

HEALTH PLANNING AMENDMENTS OF 1979 8

CHARACTERISTICS OF FEDERALLY QUALIFIED HMOs 9

GRANT AND LOAN PROGRAM 20

PROFILES OF FEDERALLY QUALIFIED HMOs 49

Appendices:

I Office of Health Maintenance Organizations: Organization Chart

II Office of Health Maintenance Organizations: Functional Statements

III Office of Health Maintenance Organizations: Regulatory Changes

IV Office of Health Maintenance Organizations: Development Activities - 1975 -1979

READEX FICHE

SUMMARY

Highlights of HMO Activities—1979

During FY 1979, the Department continued efforts, begun in the reorganization of 1978, to strengthen the HMO program and streamline program activities. To accomplish these goals:

-- Promotional activities were undertaken to increase consumer awareness, improve employer and union understanding of the HMO concept, and stimulate greater physician involvement in HMOs.

-- Special efforts were directed toward increasing the federal employee enrollment in HMOs. Information describing the HMO benefits in three cities was distributed to federal employees to encourage them to select the HMO alternative to a health insurance plan.

-- A long-range strategy for doubling the number of plans and tripling nationwide enrollment was established. Specific goals for 1988 call for 442 HMOs serving 19.1 million members. The strategy focuses on 61 target cities which have a high potential for HMO development and expansion to encourage public and private groups to sponsor and support HMOs.

-- Applications for grants and qualification were processed more expeditiously due to increased review capability and broader knowledge of the critical factors leading to successful operations.

-- A quality assurance program was developed to continue to upgrade the capability of HMOs to monitor the quality of health care provided.

-- A formal compliance program was established to monitor qualified HMOs. Special attention was given to financial viability, loan repayment, quality assurance and health care utilization. With this compliance program, the Department has improved its capability to detect potential problems and assist HMOs to develop effective corrective action. The compliance program also includes a component designed to revoke the qualification of an HMO no longer meeting the requirements of the HMO Law.

As a result of these efforts:

-- Twenty-one loans totaling $42.6 million and one loan guarantee of $1.6 million were awarded.

-- Thirty-three organizations became federally qualified, bringing the total number in operation to 99. Since 1974, 103 HMOs were found qualified. However, the qualification of three HMOs has been revoked and one HMO merged with another qualified HMO.

-- The Department has awarded 103 grants to 100 organizations. The grant awards total $20,960,659: 15 percent of the total was awarded for feasibility studies, 33 percent for planning activities, 52 percent for initial development activities. Thirteen qualified HMOs received grants to expand service areas or enrollment.

-- It was the second year in a row for a major enrollment growth from June 1978 to June 1979 membership increased by 12.3 percent. The number of plans increased by 8.6 percent.

-- Nearly 90 percent of all plans were less than 10 years old. About half the plans developed in the last five years received federal support.

-- About 70 percent of the total HMO membership was enrolled in federally qualified plans.

-- Thirty-five states, the District of Columbia and Guam each had at least one HMO in operation. Two or more prepaid plans were in operation in 28 states and the District of Columbia. Seven states had 10 or more HMOs.

-- There was a fairly even distribution of HMO models. Of the 215 prepaid plans, 29 percent were staff models, 34 percent group and 37 percent individual practice associations (IPAs). About 70 percent of total HMO membership was enrolled in group models, 15 percent each in staff and IPA models.

-- Of the 99 federally qualified plans, 26 were group practice models, 36 staff and 37 IPAs.

-- Hospitalization rates remained about the same as last year, continuing to be far below rates for traditional insurance plans and the fee-for-service system. Overall, the annual inpatient utilization rate for HMOs was 412 days per 1,000 members compared to the national rate of 1,099 days and the Blue Cross rate of 722 days. Federally qualified HMOs had lower hospitalization rates -- 400 days compared to 473 for non-qualified plans. The average HMO member saw a physician 3.4 times during 1979, the same as 1978.

PROGRAM ACCOMPLISHMENTS—1979

HMO PROMOTION AND DEVELOPMENT

A number of activities were carried out during FY 1979 aimed at increasing public awareness, enhancing marketing efforts and encouraging public and private groups to sponsor or support HMOs. The promotional activities were designed to keep up the momentum of interest in the development of HMOs nationwide.

-- As part of the long range strategy, a market development group was established to assist the 10 regional offices in stimulating new applications for feasibility study grants. Efforts were centered on 36 cities in the southern and eastern regions of the United States.

-- To encourage private sector involvement in HMO development, program staff worked with the National HMO Industry Council to coordinate various business, labor, provider, consumer and third party interests in developing HMOs. The Council is made up of national business, labor, health and community leaders.

-- Staff met regularly with private corporations to encourage their direct involvement in HMO development. Two senior level labor officials were named to serve as liaison with labor unions to improve communication and increase union support of HMOs.

-- Federal employees in Washington, D.C., Chicago, and Philadelphia received a benefits comparison brochure to inform them of the HMO option.

-- A monthly newsletter, HMO FOCUS, was published and distributed nationally to 7,000 organizations. Five films were produced and distributed to inform employers, unions, physicians and the public of the HMO concept.

-- Assistance was provided to a variety of health care provider groups in setting up workshops, surveys and other activities to inform groups and promote HMOs to minority physicians, hospitals and association members.

-- Regional activities included promotional conferences in target cities and development of public service announcements, conference exhibits, slide presentations and brochures. Four governor's conferences on HMOs were held and 10 other states organized statewide conferences on HMOs in response to the efforts of the Department.

Funding

One hundred and three grants totaling $20,960,659 were awarded to 100 organizations during FY 1979. Of these, 47 were feasibility study grants for new starts. Thirteen federally qualified plans received grants to expand their service areas and memberships.

About 7 percent of the grant funds awarded during FY 1979 went to projects for non-

metropolitan areas. Another 7 percent went to projects to deliver care to medically underserved areas, some of which were also non-metropolitan areas.

As of September 30, 1979, the program had awarded a cumulative total of 493 grants which amounted to $95,519,449.

Loans amounting to $42,560,000 were made to 21 organizations along with one loan guarantee of $1.6 million. By the close of the fiscal year, the program had awarded a cumulative total of 65 loans with commitments totaling nearly $134 million and four loan guarantees amounting to $5.1 million. Sixty-nine of the 99 federally qualified HMOs had received federal loan assistance.

Technical Assistance

Four major technical assistance and assessment contracts provided technical expertise in the areas of finance and marketing, health care delivery systems, premium determination and management information systems.

A system for informing grantees, qualified HMOs and regional office staff about policy matters and changes was put in place. Ten Policy Issuances were distributed addressing topics such as expansion grants, supplemental loans and allowable costs.

Grant Review Improvements

During FY 1979, actions were taken to improve both the quality and timeliness of grant decisions:

-- Revised review criteria were developed to define the factors considered in making feasibility, planning and initial development grant decisions. The result is more complete applications and greater consistency in reviews.

-- A 120-day review process for grant applications was established. When an application is filed, staff of the regional and central offices set target dates for processing the application and monitor the progress of application review to assure that the schedule is met.

-- Guides on grant monitoring were developed and issued to regional offices establishing criteria for site visits to determine a grantee's progress. Routine and timely monitoring is conducted to identify problems early and permit grantees to solve these problems before attempting to progress to the next stage of development.

The guides should result in improved grant applications and assist grantees to move smoothly through each stage of development.

HMO REGULATORY ACTIVITY

A major priority during the past year was to make the qualification process more responsive to the applicant. The first step was to reduce the number of applications in process. At the beginning of FY 1979, there were 40 applications awaiting review; by mid-year, staff had cut this number by half. Throughout the rest of the year no more than 22 applications were under review at any one time. A 120- day target for review was established and all applications were processed within the limit.

Another major step was to improve the processing of qualification applications. A qualification review tracking system was developed to provide a ready reference on the status of an application in the qualification process and to identify any delay needing remedial action. A Qualification Officers Manual was published to facilitate the review of qualification applications. A redesigned simplified application was developed and put into use.

As a result, 33 organizations were qualified during FY 1979. Of these, 8 were staff, 8 were group and 17 were individual practice association HMOs. A report to state governors was prepared and distributed describing the legal requirements for developing HMOs in each state and comparing state and federal legislation. In addition, a cumulative list of qualified HMOs was published in the Federal Register.

On February 1, 1979, a compliance plan was published to describe the process followed to monitor the continued compliance of HMOs with the HMO Law.

Compliance monitoring is a continuous, analytic process based on routine financial, utilization and enrollment reports filed by the HMO, information obtained through loan monitoring activities, evaluation of expansion projects, evaluation of service area expansion requests, reports from state regulators, information from other federal agencies contracting with an HMO, such as the Health Care Financing Administration and the Office of Personnel Management, and information and complaints provided by employers. All are used to determine whether operational problems exist that may impact on the HMO's continued compliance with the Law. A computerized early warning report is used to track financial utilization and enrollment trends, significantly improving the capability to determine fiscal soundness. Quantitative parameters are used each quarter to identify those HMOs having operational difficulties.

When an HMO experiences operational difficulties, a comprehensive corrective action plan is developed. Every effort is made to work with the HMO to restore compliance. This may include changes in the way the HMO is managed and the provision of technical assistance in those areas where it is needed. If the HMO is unable or unwilling to make the necessary changes, qualification may be revoked.

Compliance Actions

During 1979 three HMOs had their federal qualification revoked. The Sound Health Association, Tacoma, Washington, had financial problems due to lower enrollment than anticipated. The HMO was successfully merged into the nearby Group Health Cooperative of Puget Sound, Seattle.

Central Essex Health Plan, Orange, New Jersey, also experienced poor enrollment which resulted in financial problems. Subscribers were given the option of joining a nearby IPA or returning to the indemnity plan offered by their employers.

Health Alliance Plan, San Jose, California, developed financial problems because of rapid enrollment coupled with an inability to control referrals and out-of-plan services. Subscribers were able to choose from several other HMOs in the community or their employers' indemnity insurance plan.

Eight other HMOs were found not to be in compliance with the fiscal soundness requirement of the Act. Corrective action plans have been initiated by each of these HMOs to restore compliance.

HMO QUALITY ASSURANCE

A quality assurance strategy was issued on September 1, 1979, requiring federally qualified HMOs to have an ongoing inhouse program to review and improve the quality of care delivered to HMO enrollees. The system exceeds the quality assurance programs in the fee-for-service sector.

Each HMO is required to conduct medical care evaluation-type studies (MCES). The primary goal of the MCES is to bring about improvement in care by assuring that providers are using generally accepted or proven measures in keeping with local standards.

Each HMO independently implements a program which systematically examines all major areas of care -- pediatrics, internal medicine, OB/GYN and surgery to identify potential problems. Priorities are then established to study and correct the identified problems. Other less frequently used services are to be examined as needed.

A private organization will be chosen by the Department during FY 1980 to conduct assessments of the HMOs' internal review plans. Peer review will be emphasized. The organization will be funded by HHS and operate within pre-established guidelines. Standards for assessment will be set jointly by the outside group and the Department. External reviews of each HMO will take place every three years, or more often if needed.

1979 LEGISLATION AND REGULATIONS

In November 1978, Congress reaffirmed its support by extending the federal program for three years. Public Law 95-559 amended Title XIII of the Public Health Service Act to provide for continuation of the existing program. The program funding level was increased and new and innovative legislative authorities were enacted.

National HMO Management Training Program

The legislation authorizes an HMO management training program for medical and executive directors of HMOs to increase the pool of professional HMO managers. Individuals who complete the training will be prepared to assume key HMO management responsibilities in marketing, finance, general management and health service delivery management.

The training program will consist of approximately eight weeks of classroom training and six months of field training (onsite practical experience in an operating HMO).

This program will be implemented through a competitive contract with a private sector organization to be chosen during FY 1980. Recruitment of management fellows is scheduled to begin during the summer of 1980. The first class will consist of 25-30 fellows with classes beginning in late fall 1980.

Construction Loans

The amendments authorized a new category of loans and loan guarantees for the acquisition or construction of ambulatory care facilities.

Federally qualified HMOs may receive $2.5 million in loans for this purpose. Prior to the amendment, money had been available only for renovation of facilities. The program will help HMOs that may have problems raising private capital for construction.

Grants and Loans

The 1978 amendments raised the limits on loans and loan guarantees and grants. Effective on October 1, 1979, grants for initial development of an HMO were increased to $2 million and loans or loan guarantees for initial operating deficits of federally qualified HMOs were increased from $2.5 million to $4.5 million. The funds provided through the new loans and loan guarantees can be applied to the "costs of operation," allowing for a modest level of capital expenditures not possible previously.

Financial Disclosure

The amendments established a new reporting requirement for HMOs to disclose the nature and amount of financial transactions between the HMO and "parties in interest." "Parties in interest" are those persons and organizations who are in a position to influence the conduct of the HMO's business affairs and who have the potential to obtain economic gain from such influence.

The disclosure requirements, in conjunction with the monitoring of all aspects of the HMO's operation for continued compliance with the Act, strengthens the program's ability to assure that HMOs are operated in a manner consistent with sound management and business practices. Implementing regulations published in July 1979 require each HMO to submit, within 180 days of the end of its fiscal year, annual reports disclosing the details of certain financial transactions with parties in interest. Further, each HMO is to make the information reported available to its enrollees upon reasonable request.

The disclosure reports will be used to detect parties in interest relationships that may impact on the fiscal soundness of the HMO and to detect parties in interest relationships that may constitute self-dealing.

Regulations

In a period of less than nine months following the passage of the 1978 HMO Amendments, staff prepared, sent through clearance and had published in the Federal Register proposed, interim or, in some cases, final regulations implementing many of the changes in the law. This allowed implementation of the congressionally-mandated alterations in the HMO program much more quickly than previous amendments and allowed existing and developing HMOs to take advantage of the increased assistance levels and activities as soon as practically possible. A status report on regulations appears in an appendix to this report.

HEALTH PLANNING AMENDMENTS OF 1979

Significant changes were made in the health planning law regarding certificate of need (CON) requirements for HMOs which give prepaid plans a more competitive position in the marketplace.

Under the amendments, signed October 4, 1979, States may not extend their CON coverage of HMO activities beyond the requirements of that Act. In general, activities of HMOs are reviewable only if they directly relate to an inpatient health care facility. Therefore, the establishment of an HMO or the construction of an ambulatory care facility, not associated with a hospital, is not subject to certificate of need review. Activities of certain HMOs may receive from a State an exemption from coverage if certain requirements are met. These requirements relate to the HMO's enrollment size, the expected use of the proposed services by the HMO's enrollees, and the accessibility of those services to the enrollees.

In reviewing those HMO applications that are subject to review, a State may only consider whether the proposal is required to meet the needs of the HMO's existing and projected members and whether the HMO is unable to provide the service through other means in a reasonable and cost effective manner, consistent with the HMO's basic method of operation.

CHARACTERISTICS OF FEDERALLY QUALIFIED HMOs

Regulations require that all federally qualified HMOs submit periodic reports on their membership, utilization, and finances to OHMO. Each qualified HMO is classified according to its financial condition. Type I and II HMOs are usually in the early stages of program development while Type III HMOs are more mature and operate with a surplus and a positive net worth. These characteristics are further described in the HMO National Data Reporting Requirements (NDRR) and are summarized in Chart 1 as follows:

Chart 1

Federal Reporting Requirements

Type	Reporting Frequency	Characteristics
I	Monthly Quarterly Annually	Currently receiving federal loan funds to finance operating deficits or operating deficits in 6 or more of last 8 quarters
II	Quarterly Annually	Not a Type I and does not have positive net worth or no cumulative operating surplus for last 3 fiscal years or no net operating surplus in past year
III	Annually	Not a Type II and all of the following: Has a positive net worth and a cumulative operating surplus for last 3 fiscal years and a net operating surplus for last fiscal year

FY 1979 membership, utilization, and financial characteristics described in this section are based on data submitted by 71 HMOs of which 58 are Type I/II plans and 13 Type III. These HMOs were used because data was available from them for an entire year. Data for the Type I/II plans cover October 1, 1978, to September 30, 1979. Data for the Type III HMOs is from the HMO's last annual report submitted prior to September 30, 1979. Where available, FY 1978 data is shown for purposes of comparison from 28 Type I/II HMOs and 7 Type III.

Tables 1A and 1B summarize the distribution of HMOs by model -- staff, group, or individual practice association (IPA). Type I/II HMOs shown in Table 1A, showed a strong growth pattern with the total number of HMOs more than doubling. Staff models increased by 13 and IPAs by 12 while group practice HMOs increased by five. Among the more financially mature Type III HMOs shown in Table 1B, the individual practice associations (IPAs) showed the greatest growth increasing from one in 1978 to four in 1979.

TABLE 1A: DISTRIBUTION OF TYPE I/II HMOS BY TYPE OF MODEL

MODEL	FY 1978	FY 1979
Staff	11	24
Group	10	15
IPA	7	19
Total HMOs	28	58

TABLE 1B: DISTRIBUTION OF TYPE III HMOS BY TYPE OF MODEL

MODEL	FY 1978	FY 1979
Staff	2	4
Group	4	5
IPA	1	4
Total HMOs	7	13

MEMBERSHIP DATA

Table 2A shows the distribution of HMO membership by model for FY 1978 and FY 1979. In FY 1979, the 58 Type I/II HMOs had a combined membership of 1,080,060 with distribution by model being nearly equal. The 13 Type III HMOs had a combined membership of 4,035,385 with 88 percent concentrated in group models.

TABLE 2A: DISTRIBUTION OF TYPE I/II HMO MEMBERSHIP BY TYPE OF MODEL

MODEL	FY 1978	FY 1979
Staff	148,018	410,423
Group	185,022	345,619
IPA	129,516	324,018
Total Members	462,556	1,080,060

TABLE 2B: DISTRIBUTION OF TYPE III HMO MEMBERSHIP BY TYPE OF MODEL

	FY 1978	FY 1979
MODEL		
Staff	190,816	403,538
Group	1,908,161	3,551,139
IPA	21,202	80,708
Total Members	2,120,179	4,035,385

Tables 3A and B show the distribution of membership by size of HMOs. In FY 1979, fifty-four percent of the membership in Type I/II HMOs was in HMOs with 25,000 or more members. This has changed from FY 1978, where the majority of Type I/II membership, sixty-two percent, was in medium size HMOs. In both FY 1978 and FY 1979, ninety-nine percent of those who were members of a Type III HMO belonged to one with 25,000 or more members. See Table 3B, Page 5.

TABLE 3A: DISTRIBUTION OF TYPE I/II HMO MEMBERSHIP BY SIZE OF HMO

	FY 1978	FY 1979
Size of HMO	Number of Members	Number of Members
Less than 10,000	55,506	108,006
10,000-24,999	286,785	388,821
25,000+	120,265	583,233
Total Members	462,556	1,080,060

TABLE 3B: DISTRIBUTION OF TYPE III HMO MEMBERSHIP BY SIZE OF HMO

	FY 1978	FY 1979
Size of HMO	Number of Members	Number of Members
Less than 10,000	-	-
10,000-24,999	21,202	40,354
25,000+	2,098,977	3,995,031
Total Members	2,120,179	4,035,385

Tables 4A, B, and C illustrate membership growth rates by model type, age, and size of HMOs during FY 1979. Table 4A indicates that all categories reflect increases in membership. Since no Type III HMO had less than 10,000 members and all had been operational for more than three years, the only item of note here is variations by HMO model. This comparison shows group model HMOs gained more than four times as many members per month in FY 1979 as IPAs and that staff models were far below the other models in average monthly gains. The relatively strong position of group HMOs is undoubtedly influenced by the fact that 88 percent of all Type III membership in FY 1979 was in group HMOs.

All Type I/II HMOs had an average net gain of 754 members per month. The net gain for IPAs was 51 percent greater than the average. Table 4B indicates that newer Type I/II HMOs grew almost 25 percent faster than older ones. Table 4C indicates, as expected, that Type III HMOs with 25,000 or more members had a substantially greater monthly net gain than the smaller HMOs.

TABLE 4A: AVERAGE NET GAIN IN MEMBERSHIP PER MONTH IN QUALIFIED HMOS BY HMO MODEL

	FY 1979	
	Type I/II	Type III
Model	Net Gain	Net Gain
ALL HMOS	754	1752
Staff	585	311
Group	621	3637
IPA	1139	838

TABLE 4B: AVERAGE NET GAIN IN MEMBERSHIP PER MONTH IN QUALIFIED HMOS BY LENGTH OF TIME OPERATIONAL

Time Operational	FY 1979	
	Type I/II	Type III
	Net Gain	Net Gain
From 1-3 Years	941	N/A
More than 3 Years	635	1752

TABLE 4C: AVERAGE NET GAIN IN MEMBERSHIP PER MONTH IN QUALIFIED HMOS BY SIZE OF HMO

Size of HMO	FY 1979	
	Type I/II	Type III
	Net Gain	Net Gain
Less than 10,000 Members	419	N/A
10,000 to 24,999 Members	685	271
25,000 or More Members	1096	2411

Table 5 shows the distribution of Medicare and Medicaid membership in HMOs by model. Nine out of ten Medicare beneficiaries who were members of federally qualified HMOs in FY 1979 belonged to Type III HMOs. Further, 93 percent were members of group model HMOs. Medicaid membership was also highly concentrated in Type III HMOs. Staff model HMOs served 73 percent of Medicaid members. The concentration may begin to change in FY 1980 as Medicaid, and particularly Medicare, begin to place more emphasis on participation with Type I/II qualified HMOs. In FY 1979, however, only 1 out of 10 Medicare members were in Type I/II HMOs. Sixty-nine percent were in group HMOs. Among Medicaid members enrolled in Type I/II, 95 percent were enrolled in IPA models.

TABLE 5: DISTRIBUTION OF MEDICARE AND MEDICAID MEMBERSHIP IN HMOS BY TYPE OF MODEL*

	FY 1979			
	Type I/II		Type III	
	MEDICARE Members	MEDICAID Members	MEDICARE Members	MEDICAID Members
TYPE OF MODEL				
Staff	3,588	962	10,510	64,357
Group	15,475	1,443	195,485	22,040
IPA	3,364	45,685	4,204	1,763

* Section 1315 of the PHS Act requires findings with respect to the ability of federally assisted HMOs to include indigent and high-risk individuals in their membership and to provide services to medically underserved populations. Also required are findings with respect to the impact HMOs have on the health of the public. No state-of-the-art agreement exists on methodology for comparative and health status information as noted by the General Accounting Office (GAO) report B-164031(5), January 16, 1979. Medicare and Medicaid membership in HMOs are indicators of service to medically underserved populations, indigent, and high-risk individuals. Of the 5.1 million members enrolled in the 71 HMOs selected for this report, 4.6 percent were Medicare and 2.7 percent were Medicaid members. A formal evaluation of the significance of these participation levels has not been made because of the limited number of HMOs at the beginning of FY 1979. However, the Congress has been informed by GAO in its evaluation of HMOs' ability to serve medically underserved populations, indigent and high-risk individuals with major reports in 1976, 1978, 1979, and 1980. OHMO evaluation plans for FY 1981 and FY 1982 include these findings as required by Section 1315.

UTILIZATION DATA

Tables 6A and 6B show HMO utilization by type of model. Inpatient utilization (Table 6A) in Type I/II HMOs decreased from 444 to 424 days per 1,000 members per year between FY 78 and FY 79. Group and IPA model HMOs experienced the largest decreases in inpatient utilization. Type III HMOs inpatient utilization rate decreased from 394 to 308 days per 1,000 members per year.

The ambulatory encounter rate (Table 6B) in the Type I/II HMOs decreased from 4.5 to 4.3 visits per member per year. The Type III HMO rate increased from 4.2 to 4.7 visits per member per year.

TABLE 6A: HMO UTILIZATION BY TYPE OF MODEL FY 1978 AND FY 1979

	Patient Days Per 1,000 Members Per Year			
	FY 1978		FY 1979	
	I/II	III	I/II	III
All HMOs	444	394*	424	308
Staff	405	-	403	309
Group	449	-	418	307
IPA	481	-	468	395

*In FY 1978, data for Type III HMOs were not broken down by model.

TABLE 6B: HMO UTILIZATION BY TYPE OF MODEL FY 1978 AND FY 1979

	Total Ambulatory Encounters Per Member Per Year			
	FY 1978		FY 1979	
	I/II	III	I/II	III
All HMOs	4.5	4.2*	4.3	4.7
Staff	4.3	-	4.2	5.3
Group	4.5	-	5.0	4.6
IPA	4.6	-	3.6	5.1

*In FY 1978, data for Type III HMOs were not broken down by model.

Tables 7A and 7B contain selected income and expense data for Type I/II and Type III HMOs by age of the HMO, type of model and size of membership.

Per member per month figures are obtained by dividing total income and expense by the member months. Income as a percent of total expense shows whether the HMOs in each class are producing a surplus (over 100) or a deficit (under 100). The remaining percentages indicate the proportion of total income derived from premium and fee-for-service.

As might be expected, Type I/II HMOs, as a class (see Table 7A), had income to cover only 93 percent of expenses compared to Type III HMOs (see Table 7B) which had income of 104 percent of expenses or a 4 percent surplus. Among Type I/II HMOs, the newer and smaller HMOs had less income to cover expenses than the older and larger HMOs. Income for those operating 3 years or less covered only 83 percent of expenses. HMOs with fewer than 10,000 members achieved a per-member-per-month income of only 76 percent of their total per-member-per-month expenses. Differences attributable to type of HMO model were negligible. Also in the smaller Type I/II HMOs, fee-for-service practice accounted for 13 percent of income.

Among the Type III HMOs (see Table 7B) none were less than 3 years old and there was no Type III HMO with fewer than 10,000 members. Type III HMOs enjoyed the benefits of economies of scale reflected in lower per-member-per-month expenses which in turn permitted lower per-member-per-month income structures. The Type III group model displayed the highest percent of income relative to cost at 104 followed closely by the IPA at 103 percent and the staff model at 102 percent.

TABLE 7A: DISTRIBUTION OF HMO INCOME AND EXPENSE BY LENGTH OF TIME OPERATIONAL, TYPE OF MODEL, AND SIZE

Fiscal Year 1979

Type I/II

	Per Member Per Month		Income		
	Income	Expense	As Percent of Total Expense	Premium as Percent of Total Income	Fee-for-Service as Percent of Total Income
Time Operational					
All HMOs	$32.10	$34.53	93	94	4
From 1 to 3 Years	29.29	35.10	83	94	4
More than 3 Years	33.12	34.32	97	94	4
Model					
All HMOs	$32.10	$34.53	93	94	4
Staff	31.35	34.54	91	90	5
Group	30.68	32.54	94	94	2
IPA	34.68	36.77	94	97	0
Membership Size					
All HMOs	$32.10	$34.53	93	94	4
Less than 10,000	31.19	41.01	76	87	13
10,000 to 24,999	32.32	35.18	92	94	3
25,000 or more	32.14	32.91	98	95	2

TABLE 7B: DISTRIBUTION OF HMO INCOME AND EXPENSE BY LENGTH OF TIME OPERATIONAL, TYPE OF MODEL, AND SIZE

Fiscal Year 1979

	Type III				
	Per Member Per Month		Income		
	Income	Expense	As Percent of Total Expense	Premium as Percent of Total Income	Fee-for-Service as Percent of Total Income
Time Operational					
All HMOs	$30.77	$29.74	104	91	3
From 1 to 3 years	*	*	*	*	*
More than 3 years	30.77	29.74	104	91	3
Model					
All HMOs	$30.77	$29.74	104	91	3
Staff	36.18	35.45	102	92	2
Group	30.37	29.32	104	90	3
IPA	28.90	28.06	103	98	0
Membership Size					
All HMOs	$30.77	$29.74	103	91	3
Less than 10,000	-	-	-	-	-
10,000 to 24,999	28.90	28.06	103	98	0
25,000 or more	30.78	29.75	104	91	3

*By definition, Type III HMOs must have been operational more than 3 years.

GRANT AND LOAN PROGRAM

The HMO Act authorizes three types of grants, which are designed to be awarded in sequence: (1) feasibility grants to survey the legal situation, market potential, physician availability and attitude, facility needs, and financial considerations; (2) planning grants to mobilize community resources and develop a work plan and put it in motion; and (3) initial development grants to complete all activities necessary to place the HMO in operation. Organizations are awarded a grant for the next phase of development only after they demonstrate that they have completed the required activities at the previous stage and demonstrate that their activities will produce a viable HMO. Grantees tend to require an average of 12 months for the feasibility study and 12 months for planning. Initial development requires from 12 to 24 months to complete.

During FY 1979, feasibility projects were limited to a maximum of $75,000 and planning grants to $200,000. Organizations were allowed two feasibility and two planning grants, to complete the necessary tasks. Initial development projects were limited to a total of $1,000,000 in funds, except for certain expansion activities. Under the 1978 Amendments to the HMO Act, the FY 1980 maximum is increased to $2,000,000.

Grantees who receive less than the maximum allowable grant award may apply for a supplemental grant to complete the project. For example, a feasibility project funded for $60,000 could receive up to $15,000 in supplements, where necessary. Because projects progress at different rates, some receive two or more awards during the same fiscal year. The multiple awards may be the same type, such as two planning grants, or for progressive levels of development, such as one feasibility grant and one planning grant. Hence, the number of grants awarded in one year does not reflect the number of organizations supported.

Since 1975, 493 grants totaling $95,519,449 have been awarded under Title XIII of the Public Health Service Act. One or more developmental grants were made to 328 organizations during the 5 year period. Fourteen percent of the funds were awarded for feasibility studies, 21 percent for planning and 65 percent for initial development.

Table 8 displays the aggregate funding pattern of feasibility, planning, and initial development grants from FY 1975 through FY 1979. As the table indicates, a significant number of projects (157) were funded in FY 1975. Because of budget constraints during FY 1976 and FY 1977, there was a sharp decline (to 64 and 42, respectively). During FY 1978 and FY 1979, however, there was an increase in projects funded to 114 and 100 respectively. Of significance, only 5 feasibility grants to generate new starts were awarded in FY 1977 compared to 66 in FY 1978 and 49 in FY 1979.

During FY 1979, the HMO program awarded 181 separate grants to 100 organizations. Of the $20,960,659 in grant monies, fifteen percent was awarded for feasibility studies, 33 percent for planning, and 52 percent for initial development. Table 9 shows a distribution of the funds awarded by type of grant.

TABLE 8: SUMMARY OF GRANT MONIES AWARDED UNDER TITLE XIII OF THE PHS ACT
FISCAL YEARS 1975-1979

	FY 1975	FY 1976 1/	FY 1977	FY 1978	FY 1979	FY 1975-1979
TYPE OF GRANT						
Feasibility						
Number of Grants Awarded	108	11	5	66	49	239
Total Dollars Awarded 2/	$5,196,281	$509,370	$208,686	$4,543,193	$3,245,762	$13,703,292
Planning						
Number of Grants Awarded	31	41	15	13	39	139
Total Dollars Awarded 2/	$3,758,745	$5,080,602	$2,223,133	$2,068,433	$6,819,324	$19,950,237
Initial Development						
Number of Grants Awarded	33	20	26	21	15	115
Total Dollars Awarded 2/	$13,507,274	$12,580,368	$14,515,510	$10,367,195	$10,895,573	$61,865,920
ALL GRANTS						
Number of Organizations Funded	157 3/	64 4/	42 5/	114 6/	100 7/	328 8/
Number of Grants Awarded	172	72	46	100	103	493
Number of Supplemental Grants	7	25	25	41	78	176
Total Dollars Awarded	$22,462,300	$18,170,340	$16,947,329	$16,978,821	$20,960,659	$95,519,449

Footnotes: see page 22

1/ Fifteen month fiscal year.

2/ All dollar amounts include supplemental grant funds even though the number of grants excludes supplemental grants.

3/ In FY 1975, 15 of the 157 organizations received multiple awards (one organization received two planning grants, two organizations received two initial development grants, three organizations received both a feasibility and planning grant, seven organizations received both a planning and initial development grant, two organizations received both a feasibility and initial development grant). In addition, seven supplemental grants were made to organizations whose existing grants expired during the year (two planning, five initial development).

4/ In FY 1976, eight of the 64 organizations received multiple awards (one organization received two initial development grants, four organizations received both a feasibility and a planning grant, three organizations received both a planning and I.D. grant). In addition, 25 supplemental grants were made to organizations whose existing grants expired during the year (three feasibility, two planning, and 20 initial development).

5/ In FY 1977, four of the 42 organizations received multiple awards (three organizations received both a planning and I.D. grant, one plan received both a feasibility and an initial development grant). In addition, 25 supplemental grants were made to organizations whose existing grants expired during the year (one feasibility, 11 planning, and 13 initial development).

6/ In FY 1978, 114 organizations received 141 grants including supplemental grants. 20 of the 114 organizations received supplemental grants only. The remaining 94 organizations received two types of grants. (two organizations received both a feasibility and a planning grant, two organizations received both a planning and initial development grant, two organizations received both a feasibility and an initial development grant). In addition, 41 supplemental grants were awarded to organizations whose existing grants expired during the year (two feasibility, 15 planning, and 24 initial development).

7/ In FY 1979, 100 organizations received 181 grants including supplemental grants. Fifteen of the 100 organizations received supplemental grants only. Of the remaining 85 organizations some received two types of grants. (one project received two feasibility grants, one project received one planning and one initial development grant, and one project received one feasibility and one initial development grant).

8/ This number counts each organization once, irrespective of the number of grants it received.

Thirteen qualified HMOs received expansion grants in FY 1979. These grants are helping qualified HMOs expand their service areas and total membership. Ten HMOs started such expansion activities through feasibility and planning grants, while three were in the final stages of developing their expanded capabilities through initial development grants.

TABLE 9: FUNDING BY TYPE OF GRANT - FISCAL YEAR 1979

	Number of Grants Awarded*		
	Development	Expansion** Awarded	Total Amount
Total Grants	90	13	$20,960,659
Feasibility	47	2	3,245,762
Planning	31	8	6,819,324
Initial Development	12	3	10,895,573

* Excluding supplemental grants

** Grants totaling $3,218,606 were awarded to qualified HMOs for expansion of their membership and/or service areas.

About 7 percent of the grant funds in FY 1979 went to projects planning to serve non-metropolitan areas. Projects proposing to deliver care to medically underserved areas, some of which are also non-metropolitan areas, also received about 7 percent of the grant funds. Table 10 displays the sponsorship of feasibility grants from FY 1975 through FY 1979. Consumer groups accounted for about 44 percent of grants in FY 1975 and FY 1979. Physician groups increased their overall percentage of grants from about 25 percent in FY 1975 to 27 percent in FY 1979. Hospitals decreased from about 18 percent to about 14 percent.

TABLE 10: SPONSORS OF PROJECTS RECEIVING FEASIBILITY GRANTS FISCAL YEARS 1975-1979

Sponsor of Feasibility Projects	FY 1975	FY 1976	FY 1977	FY 1978	FY 1979
Total Feasibility Projects	108	11	5	66	49
Consumer	48	5	3	26	21
Physician	27	5	2	23	13
Hospital	22	0	0	3	7
Private	6	1	0	13	6
Medical School	2	0	0	1	0
Public	3	0	0	0	0
Undetermined	0	0	0	0	2

Table 11 provides a complete listing of organizations provided grants and loans in FY 1979. Since 1975, 82 HMOs have received loan assistance under Title XIII of the Public Health Service Act. Seventy-six of these organizations have received direct loan commitments totaling $135,107,000. Five HMOs have received loan guarantees totaling $5,607,300. During FY 1979, 26 direct loans totaling $42,561,000 and three loan guarantees totaling $2,112,300 were made.

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

KEY:

ID - Initial Development
F - Feasibility
P - Planning
MedSch - Medical School
Pub - Public
Con - Consumer
(x) - Expansion

Grp - Group Practice
IPA - Individual Practice Association
Pri - Private
Phy - Physician
Hosp - Hospital
(s) - Supplemental
(LG) - Loan Guarantee

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Region I								
Connecticut								
Connecticut Health Plan Bridgeport, CN	P(x)	Staff	Con	--	--	113,392		
East. Conn. Hlth. Study, Inc. Norwich, CN	F	Staff	Pri	X	--	75,000		
Fairfield Health Plan Greenwich, CN	P (s)	IPA	Con	--	--	139,772 49,574		
Greater Bridgeport Medical Health Foundation Bridgeport, CN	P ID	IPA	Phy	--	--	125,000 408,371		
New London Cty. Fdn. for Medical Care New London, CN	F	IPA	Hosp	--	--	70,500		
New Haven Cty. Fdn. for Medical Care Woodbridge, CN	P (s)	IPA	Phy	--	--	60,000 115,000		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY79	Date of Loan
Connecticut								
No. Central Conn. HMO Windsor, CN	ID(s)	Staff	Pub	--	--	155,218	2,500,000	7/9/79
So. Conn. Health Plan Stamford, CN	ID (s) (s)	Staff	Con	--	--	180,484 204,000 365,516	1,935,000	7/24/79
Massachusetts								
Berkshire Medical Center Pittsfield, MA	F	Grp	Hosp	--	--	65,376		
Fallon Community Hlth Plan Worcester, MA	none	Grp	Phy	--	--	--	1,527,000	1/3/79
Greater Springfield Health Planning Corp. Springfield, MA	F	IPA	Con	--	--	65,200		
Healthway Medical Plan Brockton, MA	ID	Grp	Pri	--	--	796,348		
Lynn Hospital Lynn, MA	F	IPA	Hosp	--	--	57,418		
Multi Group Health Plan Dedham, MA	F F	Grp	Phy	--	--	74,650 37,500		
No. Central Mass. HMO Fitchburg, MA	P (s)	IPA	Hosp	--	--	100,000 22,836		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Massachusetts								
Regional HMO Framingham, MA	F (s) (s)	IPA	Con	--	--	40,000 27,850 2,250		
Tufts University Boston, MA	P (s)	IPA	MedSch	--	--	95,000 57,806		
Valley Health Plan Amherst, MA	P(x)	Grp	Pub	X	--	102,289		
Vermont								
Vermont Health Plan Burlington, VT	P	IPA	Phy	X	--	176,756		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Region II								
New Jersey								
CoMed, Inc. Morristown, NJ	none	IPA	Hosp	--	--	--	2,386,000	10/19/78
Health Care Plan of New Jersey Moorestown, NJ	P(x)(s) (s)	Staff	Con	--	--	100,000 25,000	729,000	8/13/79
Mid-State Health Plan Union, NJ	P	IPA	Phy	--	--	188,519		
Rutgers Community Health Plan New Brunswick, NJ	F(x) (s) (s)	Staff	Con	--	--	30,000 40,098 4,902		
New York								
Capital Area Community Health Plan Albany, NY	ID(x)(s)	Staff	Con	--	--	475,523		
Community Health Plan of Suffolk, Inc. Stonybrook, NY	none	Staff	Con	--	--	--	2,226,000	11/27/78
Genesee Valley Group Health Association Rochester, NY	P(x)	Grp	Phy	--	--	157,650		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Region II								
New York								
Health Services Medical Corp. Baldwinsville, NY	P	Grp	Con	--	--	199,972		
Independent Health Association Getzville, NY	ID (s) (s)	IPA	Con	--	--	375,000 125,000 52,050		
Nassau Plan for Health Care Mineola, NY	F(s) P (s)	Grp	Con	--	--	10,163 100,000 99,285		
Oneida Herkimer Research Utica, NY	F	Staff	Hosp	--	--	75,000		
Rochester Area HMO Rochester, NY	ID(s) (s) (s)	IPA	Con	--	--	200,000 125,000 65,415		
Westchester Health Care Foundation Purchase, NY	F	IPA	Phy	--	--	75,000		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Region III								
Maryland								
East Baltimore Community Corp. Baltimore, MD	P	Grp	Con	--	--	100,000		
Health Care Plan of Anne Arundel Annapolis, MD	P	IPA	Phy	--	--	199,272		
Health Plus, Inc. Riverdale, MD	none	IPA	Phy	--	--	--	1,819,000	1/26/79
Montgomery County HMO Rockville, MD	P	IPA	Con	--	--	197,220		
Monumental Health Plan Baltimore, MD	ID	IPA	Phy	--	--	306,133		
So. County Family Health Care Annapolis, MD	F (s) (s)	Staff	Con	--	--	45,000 14,190 4,250		
St. Charles Health Svs. St. Charles, MD	F (s)	IPA	Pri	--	--	36,780 12,000		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Region III								
Pennsylvania								
Capital Area Comprehensive Health Care Camp Hill, PA	F	Unk	Con	--	--	73,421		
Eastern Penn. HMO, Inc. Allentown, PA	none	IPA	Con	--	--	--	2,078,000	2/28/79
Forbes Health Maintenance Plan Pittsburgh, PA	ID(s) (s) (s)	IPA	Hosp	--	--	57,474 54,000 57,192		
Greater Delaware Valley Health Care, Inc. Radnor, PA	none	IPA	Con	--	--	--	1,793,000	12/6/78
Health Services Plan Philadelphia, PA	P(x)	Grp	Phy	--	--	155,647	287,000	5/30/79
Miner's Clinic New Kensington, PA	F	Grp	Con	--	X	71,205		
Penn Group Health Plan Pittsburgh, PA	none	Grp	Phy	--	--	--	250,000 980,000	1/29/79 4/30/79
Prepaid Health of York New Freedom, PA	F	IPA	Phy	--	--	75,000		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Virginia								
No. Va. Consortium for Continuing Med. Education Alexandria, VA	F (s)	IPA	Phy	--	--	40,000 32,483		
West Virginia								
Health Plan of Upper Ohio Valley Wheeling, WV	P(s) (s) ID (s) (s)	IPA	Phy	--	--	89,571 33,230 190,000 285,000 40,341		
Health Wise Beckley, WV	ID(s)	IPA	Con	X	X	264,546		
Region IV								
Alabama								
East Alabama Health Foundation Anniston, AL	F (s)	Grp	Phy	--	X	45,000 30,000		
Jefferson Health Foundation Birmingham, AL	P	Grp	Pri	--	--	180,000		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Alabama								
Northwest Alabama Health Care Plan Muscle Shoals, AL	F	Grp	Con	--	X	75,000		
Tenn. Valley Health Plan Huntsville, AL	F	Unk	Unk	--	--	74,821		
Florida								
American Health Plan North Miami Beach, FL	none	Grp	Pri	X	X	--	500,000LG	10/4/79
Broward Community Health Plan Fort Lauderdale, FL	P (s)	Grp	Con	--	--	100,000 96,250		
Prepaid Health Care Clearwater, FL	P(x)	Staff	Con	--	X	43,500		
South Florida Group Health Plan Miami, FL	ID (s) (s)	IPA	Con	--	X	100,000 10,000 290,000		
Spanish American South Miami, FL	F	Grp	Con	--	--	51,779		
Georgia								
Georgia Medical Plan Atlanta, GA	P (s)	IPA	Hos	--	--	100,000 88,584		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Georgia								
HealthCare, Inc. Decatur, GA	ID(s) (s) (s) (s)	Grp	Con	--	--	300,000 350,000 100,000 100,000		
Metro Atlanta Health Plan Atlanta, GA	ID (s) (s) (s)	IPA	Pri	--	X	200,000 327,000 10,000 180,407		
Kentucky								
Clinic Health Care Madisonville, KY	F (s)	Grp	Pri	X	X	56,817 18,183		
HealthCare of Louisville Louisville, KY	none	Staff	Con	--	--	--	1,000,000	2/28/79
Hunter Foundation for Health Lexington, KY	P (s)	Grp	Con	--	--	100,000 81,825		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Kentucky								
Laurel River HMO Plan London, KY	F	Grp	Con	X	X	56,250		
Mountain Trails Middlesboro, KY	F	IPA	Con	X	X	42,916		
Mississippi								
Christian Sr. Housing Jackson, MS	F(s)	Grp	Con	--	X	7,954		
Tennessee								
HMO of Tennessee Memphis, TN	F P(s) ID	Grp	Con	--	X	24,100 50,000 200,000		
Tenn. Health Care Res., Inc. Nashville, TN	F (s)	IPA	Con	--	--	45,000 21,480		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Region V								
Illinois								
Anchor Organization for HMO Chicago, IL	ID(x)	Staff	Hosp	--	--	295,277		
Chicago Metro Health Plan Chicago, IL	F (s)	Grp	Phy	--	X	40,000 32,480		
Federation Outreach, Inc. Champaign, IL	F	Grp	Con	--	--	71,857		
North Communities Health Plan Evanston, IL	ID(x) (s)	Grp	Con	--	--	385,000 202,400		
Southeast Health Plan Chicago, IL	F (s)	Staff	Phy	--	--	45,000 30,000		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Indiana								
Ft. Wayne Metro Health Care Ft. Wayne, IN	F	Grp	Unk	--	--	75,000		
Medical Center at Gary Gary, IN	F	Grp	Pri	--	X	75,000		
Metro Health Council of Indianapolis Indianapolis, IN	P(x)	Staff	Pri	--	--	120,564	1,034,000	1/29/79
Vanderburgh Fdn. for Medical Care Evansville, IN	F	IPA	Phy	--	--	74,993		
Michigan								
Family Health Care Plan of Kalamazoo Kalamazoo, MI	F	Staff	Con	--	--	54,695		
Genesee Health Care, Inc. Flint, MI	ID (s)	IPA	Phy	--	--	158,333 316,667		
Group Health Service of Michigan Saginaw, MI	ID(s) (s)	Grp	Con	--	--	300,000 440,624		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Minnesota								
Share St. Paul, MN	ID(x) (s)	Staff	Phy	--	--	275,000 275,000		
S.E. Minnesota HMO, Inc. Rochester, MN	F	Grp	Pri	--	--	65,200		
Ohio								
Akron Health Foundation, Inc. Akron, OH	F	IPA	Phy	--	--	9,000		
Buckeye Health Plan Cleveland, OH	ID(s)	IPA	Phy	--	X	61,673		
Medical Foundation of Bellaire Bellaire, OH	F(s) P	Grp	Con	--	--	13,376 86,984		
Toledo Plan, Inc. Toledo, OH	none	Staff	Con	--	--	--	2,500,000	11/15/78
Tri-County Health Plan Cincinnati, OH	F (s) (s)	Unk	Con	--	--	45,000 25,955 4,045		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Wisconsin								
Family Health Plan Cooperative Milwaukee, WI	none	Staff	Con	--	--	--	2,058,000	3/28/79
Region VI								
Louisiana								
Coordinated Health Plan of Greater New Orleans New Orleans, LA	P	IPA	Pri	--	--	174,556		
Coordinated Health Plan of Shreveport Shreveport, LA	P	Grp	Pri	--	--	188,630		
New Mexico								
New Mexico Health Care Corporation Albuquerque, NM	ID (s)	IPA	Hos	--	--	205,000 101,417		
Texas								
Centroplex Health Plan Temple, TX	P	IPA	Phy	--	X	200,000		
Group Health of El Paso El Paso, TX	F(x)	Grp	Con	--	--	74,638		
Gulf Coast Health Plan, Inc. Corpus Christi, TX	F (s)	Grp	Pri	--	--	40,000 28,125		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
MetroCare, Inc. Arlington, TX	none	IPA	Pri	--	--	--	1,691,000	2/21/79
Southwest Medical Plan San Antonio, TX	none	Grp	Hos	--	--	--	2,452,000	12/15/78
Texas Prepaid Health Plan Houston, TX	none	IPA	Unk	--	--	--	442,300LG 1,170,000LG	11/30/79 9/10/79
Trans Pecos Foundation for Medical Care El Paso, TX	P (s)	IPA	Phy	--	--	84,357 84,356		
Region VII								
Iowa								
Central Iowa Health Association Des Moines, IA	F	Unk	Con	--	--	75,000		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Kansas								
Community Health Care Alternatives Topeka, KS	F	Unk	Con	--	--	75,000		
Community Health Care Association Wichita, KS	P	IPA	Con	--	--	200,000		
Family Health Plan Corporation Newton, KS	P	Grp	Phy	X	--	189,885		
Missouri								
Black Economic Union of K.C. Kansas City, MO	F	IPA	Con	--	--	75,000		
Group Health Plan of Greater St. Louis St. Louis, MO	P	Grp	Con	--	--	200,000		
Midwest Health Plan St. Louis, MO	P (s)	Staff	Con	--	--	97,500 97,500		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Nebraska								
Health Central Lincoln, NB	none	Staff	Con	--	--	--	2,500,000	2/23/79
Region VIII								
Colorado								
Peak Health Study Group Colorado Springs, CO	F(s)	Grp	Phy	--	--	3,400		
San Luis Valley HMO Alamosa, CO	none	IPA	Con	--	--	--	268,000	2/28/79
North Dakota								
Dakota Community Health Plan Bismarck, ND	P	IPA	Con	--	--	183,575		
Hub of America HMO Planning Council Rugby, ND	P	Grp	Phy	X	X	117,262		
West River HMO Hettinger, ND	none	Grp	Phy	--	--	--	399,000	7/2/79

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Region IX								
Arizona								
Greenway Medical Trust Phoenix, AZ	P (s)	IPA	Phy	--	--	80,000 107,000		
Professional Health Services Tucson, AZ	P	IPA	Phy	--	--	198,979		
California								
Bay Pacific Health Plan San Mateo, CA	none	IPA	Phy	--	--	--	1,936,000	4/5/79
Butte Glenn Foundation for Medical Care Chico, CA	F	Grp	Hos	X	--	68,800		
Delta Community Health Plan Stockton, CA	P(s)	IPA	Phy	--	--	19,500		
Foundation for Medical Care Merced, CA	F	IPA	Phy	X	--	65,673		
Foundation Health Plan of San Bernadino County Colton, CA	P	IPA	Phy	--	--	200,000		
HEALS Berkeley, CA	ID (s) (s)	IPA	Hos	--	--	70,000 20,000 385,000		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Lifeguard, Inc. Campbell, CA	none	IPA	Phy	--	--	--	1,802,000	2/14/79
Los Padres Group Health San Luis Obispo, CA	none	IPA	Con	--	--	--	669,000	11/7/78
MAXICARE Hawthorne, CA	P(x) (s)	IPA	Phy	--	--	60,000 82,762		
Mayers Memorial Hospital Fall River Mills, CA	F	IPA	Hos	X	X	75,000		
Pacificare Los Angeles, CA	ID(s)	IPA	Hos	--	--	31,640	1,967,000	1/30/79
Protective Health Providers San Diego, CA	none	Grp	Phy	--	--	--	2,039,000	3/30/79
Riverside County Foundation for Medical Care Riverside, CA	F(s) P	IPA	Phy	--	--	2,574 198,000		
Rockridge Health Care Plan Oakland, CA	P(x)	IPA	Hos	--	--	199,964		
Valley Family Health Plan San Jose, CA	F	IPA	Phy	--	--	70,000		
Whittier Hospital Whittier, CA	F (s)	IPA	Hos	--	--	65,000 7,682		

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Hawaii								
Honolulu Medical Group Research Honolulu, HI	F	Grp	Phy	--	--	35,000		
Region X								
Alaska								
Greater Anchorage Health Plan Anchorage, AK	F	IPA	Con	--	--	43,733		
Idaho								
Idaho HMO Boise, ID	ID(s)	IPA	Phy	--	--	109,447	1,736,000	4/26/79

TABLE 11: HMO GRANT AND LOAN PROFILES - FISCAL YEAR 1979

	Type of Grant	Model	Sponsor	Non Metro	MUA	FY 79 Grants	Loans FY 79	Date of Loan
Oregon								
Lane Group Health Service Eugene, OR	ID(s) (s)	IPA	Con	--	--	210,077 103,000		
Washington								
Citizens Health Care Corporation Bellingham, WA	F (s)	Unk	Con	X	--	50,000 25,000		

PROFILES OF FEDERALLY QUALIFIED HMOs

This section contains a profile on each of the 103 organizations determined to be federally qualified HMOs through the end of FY 1979. The profiles are presented in alphabetical order by state, by city within a state, and by HMO name within a city.

Arizona Health Plan
Phoenix, Arizona

Plan Description
Qualification Date: 8/24/78
Sponsorship: Carrier
Non-Metropolitan: No
Operational Date: 10/1/72
Type of Practice: Group
MUA Priority: No

Membership Data as of 9/30/79
Total: 54,437
Medicaid: 0
Medicare: 669
FEHBP: 1,541
Average Net Change per Month: 1,081

DHEW ASSISTANCE:
Title XIII Grants awarded None
Loans committed None

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 328
Total Physician Encounters per Member: 3.2
Total Ambulatory Encounters per Member: 5.2

Financial Data for Year Ending 9/30/79
Income per Member per Month: $30.36
Expense per Member per Month: $29.88

INA Healthplan of Arizona, Inc.
Phoenix, Arizona

Plan Description
Qualification Date: 8/3/78
Sponsorship: Physician/Carrier
Non-Metropolitan: No
Operational Date: 11/72
Type of Practice: Group
MUA Priority: No

Membership Data as of 9/30/79
Total: 53,865
Medicaid: 0
Medicare: 11,044
FEHBP: 3,546
Average Net Change per Month: 510

DHEW ASSISTANCE:
Title XIII Grants awarded None
Loans committed None

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 392
Total Physician Encounters per Member: 5.0
Total Ambulatory Encounters per Member: 8.7

Financial Data for Year Ending 9/30/79
Income per Member per Month: $36.55
Expense per Member per Month: $34.52

NOTE: Previously reported as ABC-HMO, Inc.

Family Health Services, Inc.
Anaheim, California

Plan Description
Qualification Date: 12/14/76
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 5/1/73
Type of Practice: IPA
MUA Priority: No

Membership Data as of 9/30/79
Total: 33,234
Medicaid: 5,505
Medicare: 231
FEHBP: 79
Average Net Change per Month: 1,426

DHEW ASSISTANCE:
Title XIII Grants awarded none
Loans committed $2,500,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 339
Total Physician Encounters per Member: 3.3
Total Ambulatory Encounters per Member: 4.0

Financial Data for Year Ending 9/30/79
Income per Member per Month: $36.69
Expense per Member per Month: $38.30

HMO Concepts, Inc.
Anaheim, California

Plan Description
Qualification Date: 3/17/78
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 3/77
Type of Practice: IPA
MUA Priority: No

Membership Data as of 6/30/79
Total: 11,558
Medicaid: 3,208
Medicare: 4
FEHBP: 0
Average Net Change per Month: 424

DHEW ASSISTANCE:
Title XIII Grants awarded none
Loans committed $437,000

Utilization Data for Year Ending 6/30/79
Hospital Days per 1,000 Members: 260
Total Physician Encounters per Member: 4.6
Total Ambulatory Encounters per Member: 5.9

Financial Data for Year Ending 6/30/79
Income per Member per Month: $32.22
Expense per Member per Month: $33.23

NOTE: No membership or utilization data was reported for quarter ending 9/30/79. Plan was placed in non-compliance February 23, 1979.

Lifeguard, Inc.
Campbell, California

Plan Description
Qualification Date: 2/12/79
Sponsorship: Hospital/Physician
Non-Metropolitan: unknown
Operational Date: 2/14/79
Type of Practice: IPA
MUA Priority: unknown

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 225
Total Physician Encounters per Member: 1.7
Total Ambulatory Encounters per Member: 2.2

Membership Data as of 9/30/79
Total: 1,119
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 186

Financial Data for Period Ending 9/30/79
Income per Member per Month: $ 55.48
Expense per Member per Month: $134.24

DHEW ASSISTANCE:
Title XIII Grants awarded None
Loans committed $1,802,000

NOTE: Data is for period from date of qualification to 9/30/79.

Family Health Program
Fountain Valley, California (Salt Lake City & Guam)

Plan Description
Qualification Date: 7/29/77
Sponsorship: Private
Non-Metropolitan: No
Operational Date: 1965
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 339
Total Physician Encounters per Member: 4.9
Total Ambulatory Encounters per Member: 9.4

Membership Data as of 9/30/79
Total: 94,953
Medicaid: 6,709
Medicare: 4,322
FEHBP: 11,096
Average Net Change per Month: 70

Financial Data for Year Ending 9/30/79
Income per Member per Month: $32.92
Expense per Member per Month: $32.02

DHEW ASSISTANCE:
Title XIII Grants awarded $244,073
Loans committed none

NOTE: Data is for plan's fiscal year ending 6/30/79.

MAXICARE
Hawthorne, California

Plan Description
Qualification Date: 3/25/76
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 3/1/72
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 6/30/79
Hospital Days per 1,000 Members: 298
Total Physician Encounters per Member: 3.6
Total Ambulatory Encounters per Member: 6.4

Membership Data as of 6/30/79
Total: 46,980
Medicaid: 1,349
Medicare: 186
FEHBP: 87
Average Net Change per Month: 2,923

Financial Data for Year Ending 6/30/79
Income per Member per Month: $36.85
Expense per Member per Month: $36.34

DHEW ASSISTANCE:
Title XIII Grants awarded $ 312,354
Loans committed None

NOTE: Data is for plan's fiscal year ending 6/30/79.

California Medical Group
Health Plan
Los Angeles, California

Plan Description
Qualification Date: 7/19/77
Sponsorship: Carrier
Non-Metropolitan: No
Operational Date: 6/66
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 12/31/78
Hospital Days per 1,000 Members: 273
Total Physician Encounters per Member: 3.8
Total Ambulatory Encounters per Member: 4.9

Membership Data as of 12/31/78
Total: 113,314
Medicaid: 54,770
Medicare: 790
FEHBP: 39
Average Net Change per Month: unknown

Financial Data for Year Ending 12/31/78
Income per Member per Month: $37.41
Expense per Member per Month: $36.30

DHEW ASSISTANCE:
Title XIII Grants awarded none
Loans committed none

NOTE: Data is for the eight month period ending 12/31/78; CMGHP changed fiscal year end from 4/30 to 12/31 during 1978.

Comprecare, Inc.
Los Angeles, California

Plan Description
Qualification Date: 2/10/78
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 1/73
Type of Practice: IPA
MUA Priority: No

Membership Data as of 9/30/79
Total: 186
Medicaid: 6,238
Medicare: 225
FEHBP: 0
Average Net Change per Month: 541

DHEW ASSISTANCE:
Title XIII Grants awarded $ 676,752
Loans committed $2,100,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 186
Total Physician Encounters per Member: 1.4
Total Ambulatory Encounters per Member: 1.5

Financial Data for Year Ending 9/30/79
Income per Member per Month: $37.45
Expense per Member per Month: $41.00

Pacificare, Inc.
Los Angeles, California

Plan Description
Qualification Date: 12/22/78
Sponsorship: Hospital
Non-Metropolitan: No
Operational Date: 7/78
Type of Practice: IPA
MUA Priority: No

Membership Data as of 9/30/79
Total: 3,865
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 1,182

DHEW ASSISTANCE:
Title XIII Grants awarded $ 872,920
Loans committed $1,967,000

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 255
Total Physician Encounters per Member: 2.1
Total Ambulatory Encounters per Member: 2.7

Financial Data for Period Ending 9/30/79
Income per Member per Month: $39.62
Expense per Member per Month: $63.10

NOTE: Data is for period from date of qualification to 9/30/79.

Ross-Loos Health Plan of South California
Los Angeles, California

Plan Description
Qualification Date: 6/27/79
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 11/76
Type of Practice: IPA
MUA Priority: unknown

Membership Data as of 9/30/79
Total: 25,225
Medicaid: 0
Medicare: 365
FEHBP: 2,455
Average Net Change per Month: -74

DHEW ASSISTANCE:
Title XIII Grants awarded $571,585
Loans committed none

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 475
Total Physician Encounters per Member: unknown
Total Ambulatory Encounters per Member: 3.9

Financial Data for Period Ending 9/30/79
Income per Member per Month: $35.05
Expense per Member per Month: $34.31

NOTE: Data is for period from time of qualification to 9/30/79.

Health Alliance of Northern California
dba Community Care
Los Gatos, California

Plan Description
Qualification Date: 3/31/78
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 2/74
Type of Practice: IPA
MUA Priority: No

Membership Data as of 9/30/79
Total:
Medicaid:
Medicare:
FEHBP:
Average Net Change per Month:

DHEW ASSISTANCE:
Title XIII Grants awarded $ 722,224
Loans committed $2,342,000

NOTE: Federal qualification was revoked 6/15/79.

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members:
Total Physician Encounters per Member:
Total Ambulatory Encounters per Member:

Financial Data for Year Ending 9/30/79
Income per Member per Month:
Expense per Member per Month:

Kaiser Foundation Health Plan, Inc.
Oakland, California (Northern and Southern California and Hawaii)

Plan Description
Qualification Date: 10/27/77
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 1942

Type of Practice: Staff
MUA Priority: No

Membership Data as of 12/31/78
Total: 3,094,723
Medicaid: 11,321
Medicare: 175,465
FEHBP: 329,809
Average Net Change per Month: 22,239

Utilization Data for Year Ending 12/31/78
Hospital Days per 1,000 Members: 302
Total Physician Encounters per Member: 3.3
Total Ambulatory Encounters per Member: 4.7

Financial Data for Year Ending 12/31/78
Income per Member per Month: $30.39
Expense per Member per Month: $29.29

DHEW ASSISTANCE:
Title XIII Grants awarded None
Loans committed None

NOTE: Data is for plan's fiscal year ending 12/31/78.

Rockridge Health Care Plan
Oakland, California

Plan Description
Qualification Date: 3/31/78
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 2/1/74
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 10,010
Medicaid: 6,078
Medicare: 382
FEHBP: 181
Average Net Change per Month: 320

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 210
Total Physician Encounters per Member: 2.8
Total Ambulatory Encounters per Member: 6.7

Financial Data for Year Ending 9/30/79
Income per Member per Month: $44.84
Expense per Member per Month: $50.25

DHEW ASSISTANCE:
Title XIII Grants awarded $ 199,964
Loans committed $2,500,000

TakeCare Corporation
Oakland, California

Plan Description
Qualification Date: 6/27/79
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 5/1/78
Type of Practice: IPA
MUA Priority: No

Membership Data as of 9/30/79
Total: 10,300
Medicaid: Unknown
Medicare: Unknown
FEHBP: 196
Average Net Change per Month: Unknown

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: Unknown
Total Physician Encounters per Member: Unknown
Total Ambulatory Encounters per Member: Unknown

Financial Data for Year Ending 9/30/79
Income per Member per Month: Unknown
Expense per Member per Month: Unknown

DHEW ASSISTANCE:
Title XIII Grants awarded none
Loans committed none

NOTE: Membership figure is from HMO Census as of 6/30/79.
First annual report not yet due for fiscal year ending 12/31/79.

Foundation Health Plan
Sacramento, California

Plan Description
Qualification Date: 12/22/77
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 1/78
Type of Practice: IPA
MUA Priority: No

Membership Data as of 9/30/79
Total: 12,176
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 1,181

DHEW ASSISTANCE:
Title XIII Grants awarded $ 710,215
Loans committed $2,292,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 487
Total Physician Encounters per Member: 2.3
Total Ambulatory Encounters per Member: 2.4

Financial Data for Year Ending 9/30/79
Income per Member per Month: $36.32
Expense per Member per Month: $42.91

Protective Health Providers
San Diego, California

Plan Description
Qualification Date: 12/28/78
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 3/79
Type of Practice: Group
MUA Priority: unknown

Membership Data as of 9/30/79
Total: 1,179
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 285

DHEW ASSISTANCE:
Title XIII Grants awarded none
Loans committed $2,039,000

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 139
Total Physician Encounters per Member: 2.8
Total Ambulatory Encounters per Member: 4.3

Financial Data for Period Ending 9/30/79
Income per Member per Month: $32.83
Expense per Member per Month: $78.09

NOTE: Data is period from date of qualification to 9/30/79.

Los Padres Group Health
San Luis Obispo, California

Plan Description
Qualification Date: 9/21/78
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 10/78
Type of Practice: IPA
MUA Priority: No

Membership Data as of 9/30/79
Total: 1,888
Medicaid: 129
Medicare: 0
FEHBP: 0
Average Net Change per Month: 157

DHEW ASSISTANCE:
Title XIII Grants awarded $ 723,508
Loans committed $ 669,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 541
Total Physician Encounters per Member: 3.6
Total Ambulatory Encounters per Member: 3.6

Financial Data for Year Ending 9/30/79
Income per Member per Month: $51.91
Expense per Member per Month: $73.28

Bay Pacific Health Plan
San Mateo, California

Plan Description
Qualification Date: 3/28/79
Sponsorship: Hospital/Physician
Non-Metropolitan: unknown
Operational Date: 3/29/79
Type of Practice: IPA
MUA Priority: unknown

Membership Data as of 9/30/79
Total: 515
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 155

Utilization Data for PeriodEnding 9/30/79
Hospital Days per 1,000 Members: 389
Total Physician Encounters per Member: 2.1
Total Ambulatory Encounters per Member: 4.0

Financial Data for Period Ending 9/30/79
Income per Member per Month: $74.72
Expense per Member per Month: $329.22

DHEW ASSISTANCE:
Title XIII Grants awarded None
Loans committed $1,936,000

NOTE: Data is for period from date of qualification to 9/30/79.

Health Net
Van Nuys, California

Plan Description
Qualification Date: 1/26/79
Sponsorship: Carrier
Non-Metropolitan: No
Operational Date: 2/79
Type of Practice: IPA
MUA Priority: No

Membership Data as of 9/30/79
Total: 23,679
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 2,960

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: Unknown
Total Physician Encounters per Member: Unknown
Total Ambulatory Encounters per Member: Unknown

Financial Data for Period Ending 9/30/79
Income per Member per Month: $40.28
Expense per Member per Month: $42.78

DHEW ASSISTANCE:
Title XIII Grants awarded none
Loans committed none

NOTE: Data is for period from date of qualification to 9/30/79.

San Luis Valley HMO, Inc.
Alamosa, Colorado

Plan Description
Qualification Date: 12/26/78
Sponsorship: Community
Non-Metropolitan: Yes
Operational Date: 5/1/75
Type of Practice: IPA
MUA Priority: Yes

Membership Data as of 9/30/79
Total: 7,583
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 62

DHEW ASSISTANCE:
Title XIII Grants awarded $ 432,745
Loans committed $ 268,000

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 768
Total Physician Encounters per Member: 3.5
Total Ambulatory Encounters per Member: 9.8

Financial Data for Period Ending 9/30/79
Income per Member per Month: $37.22
Expense per Member per Month: $36.68

NOTE: Data is for period from date of qualification to 9/30/79.

CompreCare, Inc.
Denver, Colorado

Plan Description
Qualification Date: 8/20/76
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 7/1/74
Type of Practice: IPA
MUA Priority: No

Membership Data as of 9/30/79
Total: 54,708
Medicaid: 0
Medicare: 0
FEHBP: 3,564
Average Net Change per Month: 2,260

DHEW ASSISTANCE:
Title XIII Grants awarded $ 718,618
Loans committed $1,413,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 537
Total Physician Encounters per Member: 3.5
Total Ambulatory Encounters per Member: 3.5

Financial Data for Year Ending 9/30/79
Income per Member per Month: $32.56
Expense per Member per Month: $32.71

Kaiser Foundation Health Plan of Colorado, Inc.
Denver, Colorado

Plan Description
Qualification Date: 10/27/77
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 7/69
Type of Practice: Group
MUA Priority: No

Membership Data as of 12/31/78
Total: 101,978
Medicaid: 0
Medicare: 0
FEHBP: 19,043
Average Net Change per Month: 268

Utilization Data for Year Ending 12/31/78
Hospital Days per 1,000 Members: 373
Total Physician Encounters per Member: 2.3
Total Ambulatory Encounters per Member: 3.9

Financial Data for Year Ending 12/31/78
Income per Member per Month: $27.56
Expense per Member per Month: $27.02

DHEW ASSISTANCE:
Title XIII Grants awarded None
Loans committed None

NOTE: Data is for plan's fiscal year ending 12/31/78.

ChoiceCare Health Services
Fort Collins, Colorado

Plan Description
Qualification Date: 8/12/76
Sponsorship: Physician
Non-Metropolitan: Yes
Operational Date: 4/74
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 34,681
Medicaid: 0
Medicare: 0
FEHBP: 1,211
Average Net Change per Month: unknown

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 413
Total Physician Encounters per Member: 1.9
Total Ambulatory Encounters per Member: 2.3

Financial Data for Period Ending 9/30/79
Income per Member per Month: $31.51
Expense per Member per Month: $32.55

DHEW ASSISTANCE:
Title XIII Grants awarded $ 349,358
Loans committed $ 728,000

NOTE: Data was not available for every quarter during this period
The plan was placed in non-compliance 9/11/79.

Rocky Mountain HMO
Grand Junction, Colorado

Plan Description
Qualification Date: 12/29/75
Sponsorship: Physician
Non-Metropolitan: Yes
Operational Date: 1/1/74
Type of Practice: IPA
MUA Priority: Yes

Membership Data as of 9/30/79
Total: 12,007
Medicaid: 1,079
Medicare: 2,098
FEHBP: 931
Average Net Change per Month: 158

DHEW ASSISTANCE:
Title XIII Grants awarded $ 207,643
Loans committed $ 332,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 534
Total Physician Encounters per Member: 4.6
Total Ambulatory Encounters per Member: 5.8

Financial Data for Year Ending 9/30/79
Income per Member per Month: $37.76
Expense per Member per Month: $37.12

Connecticut Health Plan
Bridgeport, Connecticut

Plan Description
Qualification Date: 3/15/77
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 3/77
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 8,219
Medicaid: 0
Medicare: 55
FEHBP: 0
Average Net Change per Month: 317

DHEW ASSISTANCE:
Title XIII Grants awarded $1,259,434
Loans committed $2,500,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 397
Total Physician Encounters per Member: 2.2
Total Ambulatory Encounters per Member: 3.7

Financial Data for Year Ending 9/30/79
Income per Member per Month: $26.83
Expense per Member per Month: $36.11

Community Health Care Center Plan
New Haven, Connecticut

Plan Description
Qualification Date: 10/31/75
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 10/1/71
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 25,345
Medicaid: 0
Medicare: 1,183
FEHBP: 2,482
Average Net Change per Month: 81

DHEW ASSISTANCE:
Title XIII Grants awarded $ 362,461
Loans committed $2,090,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 460
Total Physician Encounters per Member: 3.4
Total Ambulatory Encounters per Member: 4.8

Financial Data for Year Ending 9/30/79
Income per Member per Month: $37.35
Expense per Member per Month: $37.77

Southern Connecticut Community Health Plan
Stamford, Connecticut

Plan Description
Qualification Date: 7/3/79
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 7/1/79
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 471
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: unknown

DHEW ASSISTANCE:
Title XIII Grants awarded $ 750,000
Loans committed $1,935,000

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 29
Total Physician Encounters per Member: 5.8
Total Ambulatory Encounters per Member: 8.0

Financial Data for Period Ending 9/30/79
Income per Member per Month: $ 50.48
Expense per Member per Month: $357.74

NOTE: Data is for period from date of qualification to 9/30/79.

North Central Connecticut Health
Maintenance Organization, Inc.
Windsor, Connecticut

Plan Description
Qualification Date: 6/27/79
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 6/1/79
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 343
Total Physician Encounters per Member: 3.9
Total Ambulatory Encounters per Member: 5.0

Membership Data as of 9/30/79
Total 1,500
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 375

Financial Data for Year Ending 9/30/79
Income per Member per Month: $33.71
Expense per Member per Month: $94.03

DHEW ASSISTANCE:
Title XIII Grants awarded $1,244,946
Loans committed $2,500,000

NOTE: Data is for period from date to qualification of 9/30/79.

George Washington University Health Plan
Washington, DC

Plan Description
Qualification Date: 7/18/79
Sponsorship: University
Non-Metropolitan: No
Operational Date: 6/72
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members:
Total Physician Encounters per Member:
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/79
Total: 16,400
Medicaid: 0
Medicare: 0
FEHBP: 11,291
Average Net Change per Month:

Financial Data for Year Ending 9/30/79
Income per Member per Month:
Expense per Member per Month:

DHEW ASSISTANCE:
Title XIII Grants awarded $ 164,478
Loans committed

NOTE: Membership figure is from HMO Census as of 6/30/79.
First annual report not yet due for fiscal year ending.

Georgetown University Community Health Plan
Washington, DC

Plan Description
Qualification Date: 5/26/76
Sponsorship: University
Non-Metropolitan: No
Operational Date: 9/1/73
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 50,250
Medicaid: 699
Medicare: 0
FEHBP: 14,169
Average Net Change per Month: 749

DHEW ASSISTANCE:
Title XIII Grants awarded $ 884,251
Loans committed $1,982,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 420
Total Physician Encounters per Member: 2.2
Total Ambulatory Encounters per Member: 4.2

Financial Data for Year Ending 9/30/79
Income per Member per Month: $36.36
Expense per Member per Month: $37.48

Group Health Association, Inc.
Washington, DC

Plan Description
Qualification Date: 7/18/77
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 11/37
Type of Practice: Staff
MUA Priority: No

Membership Data as of 12/31/79
Total: 1,110,085
Medicaid: 0
Medicare: 4,505
FEHBP: 68,090
Average Net Change per Month: 629

DHEW ASSISTANCE:
Title XIII Grants awarded $50,000
Loans committed none

Utilization Data for Year Ending 12/31/78
Hospital Days per 1,000 Members: 360
Total Physician Encounters per Member: 2.8
Total Ambulatory Encounters per Member: 3.8

Financial Data for Year Ending 12/31/78
Income per Member per Month: $34.46
Expense per Member per Month: $33.77

NOTE: Data is for the plan's fiscal year ending 12/31/78.

Prepaid Health Care, Inc.
Clearwater, Florida

Plan Description
Qualification Date: 8/3/78q
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 8/78
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 390
Total Physician Encounters per Member: 2.9
Total Ambulatory Encounters per Member: 3.9

Membership Data as of 9/30/79
Total: 9,169
Medicaid: 0
Medicare: 83
FEHBP: 0
Average Net Change per Month: 979

Financial Data for Year Ending 9/30/79
Income per Member per Month: $27.90
Expense per Member per Month: $46.59

DHEW ASSISTANCE:
Title XIII Grants awarded $1,247,386
Loans committed $2,500,000

Florida Health Care Plan, Inc.
Daytona Beach, Florida

Plan Description
Qualification Date: 8/20/76
Sponsorship: Physician/Community
Non-Metropolitan: No
Operational Date: 8/1/74
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 338
Total Physician Encounters per Member: 3.0
Total Ambulatory Encounters per Member: 5.8

Membership Data as of 9/30/79
Total: 10,662
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 152

Financial Data for Year Ending 9/30/79
Income per Member per Month: $29.59
Expense per Member per Month: $33.13

DHEW ASSISTANCE:
Title XIII Grants awarded $ 124,456
Loans committed $2,500,000

American Health Plan
Miami, Florida

Plan Description
Qualification Date: 7/29/77
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 9/73

Type of Practice: Group
MUA Priority: No

Membership Data as of 9/30/79
Total: 26,987
Medicaid: 0
Medicare: 1,366
FEHBP: 0
Average Net Change per Month: 1,978

DHEW ASSISTANCE:
Title XIII Grants awarded None
Loan guarantee committed $1,682,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 545
Total Physician Encounters per Member: 3.0
Total Ambulatory Encounters per Member: 3.0

Financial Data for Year Ending 9/30/79
Income per Member per Month: $29.57
Expense per Member per Month: $40.26

Av-Med Health Plan, Inc.
Miami, Florida

Plan Description
Qualification Date: 9/9/77
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 10/77
Type of Practice: IPA
MUA Priority: No

Membership Data as of 6/30/79
Total: 7,012
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 667

DHEW ASSISTANCE:
Title XIII Grants awarded None
Loans committed $1,100,000

Utilization Data for Period Ending 6/30/79
Hospital Days per 1,000 Members: 614
Total Physician Encounters per Member: 4.6
Total Ambulatory Encounters per Member: 4.6

Financial Data for Period Ending 6/30/79
Income per Member per Month: $31.51
Expense per Member per Month: $37.33

NOTE: No membership or utilization data was reported for quarter ending 9/30/79.

Gem Health Association, Inc.
Boise, Idaho

Plan Description
Qualification Date: 6/27/77
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 6/77
Type of Practice: Group
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 294
Total Physician Encounters per Member: 3.2
Total Ambulatory Encounters per Member: 4.6

Membership Data as of 9/30/79
Total: 6,404
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 93

Financial Data for Year Ending 9/30/79
Income per Member per Month:
Expense per Member per Month:

DHEW ASSISTANCE:
Title XIII Grants awarded $1,124,634
Loans committed $1,735,000

Idaho Health Maintenance Organization/Healthguard
Boise, Idaho

Plan Description
Qualification Date: 4/3/79
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 5/1/79
Type of Practice: IPA
MUA Priority: No

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 411
Total Physician Encounters per Member: unknown
Total Ambulatory Encounters per Member: unknown

Membership Data as of 9/30/79
Total: 2,670
Medicaid: 0
Medicare: 3
FEHBP: 0
Average Net Change per Month: 653

Financial Data for Period Ending 9/30/79
Income per Member per Month: $29.88
Expense per Member per Month: $42.99

DHEW ASSISTANCE:
Title XIII Grants awarded $ 745,641
Loans committed $1,736,000

NOTE: Data is for period from date of qualification to 9/30/79.

Anchor Organization for Health Maintenance
Chicago, Illinois

Plan Description
Qualification Date: 12/20/77
Sponsorship: Hospital
Non-Metropolitan: No
Operational Date: 7/71
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 21,149
Medicaid: 0
Medicare: 0
FEHBP: 2, 513
Average Net Change per Month: 988

DHEW ASSISTANCE:
Title XIII Grants awarded $10,340,051
Loans committed None

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 433
Total Physician Encounters per Member: 2.9
Total Ambulatory Encounters per Member: 3.0

Financial Data for Year Ending 9/30/79
Income per Member per Month: $43.21
Expense per Member per Month: $43.35

HMO Illinois, Inc.
Chicago, Illinois

Plan Description
Qualification Date: 6/15/77
Sponsorship: Carrier
Non-Metropolitan: No
Operational Date: 6/15/77
Type of Practice: IPA
MUA Priority: No

Membership Data as of 9/30/79
Total: 33,163
Medicaid: 0
Medicare: 0
FEHBP: 250
Average Net Change per Month: 2,093

DHEW ASSISTANCE:
Title XIII Grants awarded none
Loans committed none

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 409
Total Physician Encounters per Member: 1.1
Total Ambulatory Encounters per Member: 1.1

Financial Data for Year Ending 9/30/79
Income per Member per Month: $30.40
Expense per Member per Month: $30.04

Intergroup Prepaid Health Services
Chicago, Illinois

Plan Description
Qualification Date: 4/18/77
Sponsorship: Carrier
Non-Metropolitan: No
Operational Date: 1/72
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 12/30/78
Hospital Days per 1,000 Members: 619
Total Physician Encounters per Member: 2.3
Total Ambulatory Encounters per Member: 2.5

Membership Data as of 12/30/78
Total: 16,744
Medicaid: 0
Medicare: 0
FEHBP: 300
Average Net Change per Month: unknown

Financial Data for Year Ending 12/30/78
Income per Member per Month: $28.90
Expense per Member per Month: $28.06

DHEW ASSISTANCE:
Title XIII Grants awarded none
Loans committed none

NOTE: Data is for the plan's fiscal year ending 12/31/78.

Michael Reese Health Plan, Inc.
Chicago, Illinois

Plan Description
Qualification Date: 4/17/78
Sponsorship: Hospital
Non-Metropolitan: No
Operational Date: 7/72
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 523
Total Physician Encounters per Member: 2.7
Total Ambulatory Encounters per Member: 3.2

Membership Data as of 9/30/79
Total: 15,235
Medicaid: 0
Medicare: 68
FEHBP: 5,385
Average Net Change per Month: 241

Financial Data for Year Ending 9/30/79
Income per Member per Month: $43.24
Expense per Member per Month: $37.89

DHEW ASSISTANCE:
Title XIII Grants awarded None
Loans committed None

Roosevelt Health Plan
Chicago, Illinois

Plan Description
Qualification Date: 5/24/79
Sponsorship: Hospital
Non-Metropolitan: No
Operational Date: 5/76
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 2,620
Medicaid: 2,209
Medicare: 0
FEHBP: 0
Average Net Change per Month: 39

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 468
Total Physician Encounters per Member: 2.1
Total Ambulatory Encounters per Member: 2.8

Financial Data for Period Ending 9/30/79
Income per Member per Month: $43.96
Expense per Member per Month: $45.41

DHEW ASSISTANCE:
Title XIII Grants awarded None
Loans committed None

NOTE: Data is for period from date of qualification to 9/30/79.

North Communities Health Plan
Glenview, Illinois

Plan Description
Qualification Date: 11/11/75
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 5/1/75
Type of Practice: Group
MUA Priority: No

Membership Data as of 9/30/79
Total: 20,614
Medicaid: 0
Medicare: 1,521
FEHBP: 591
Average Net Change per Month: 812

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 497
Total Physician Encounters per Member: 1.8
Total Ambulatory Encounters per Member: 3.0

Financial Data for Year Ending 9/30/79
Income per Member per Month: $35.22
Expense per Member per Month: $37.26

DHEW ASSISTANCE:
Title XIII Grants awarded $1,066,018
Loans committed $2,500,000

Metropolitan Health Council of
Indianapolis, Inc.
Indianapolis, Indiana

Plan Description
Qualification Date: 1/31/77
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 11/1/74
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 20,687
Medicaid: 0
Medicare: 0
FEHBP: 1,958
Average Net Change per Month: 574

DHEW ASSISTANCE:
Title XIII Grants awarded $1,223,500
Loans committed $2,298,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 480
Total Physician Encounters per Member: 2.5
Total Ambulatory Encounters per Member: 4.0

Financial Data for Year Ending 9/30/79
Income per Member per Month: $31.20
Expense per Member per Month: $33.64

HealthCare of Louisville, Inc.
Louisville, Kentucky

Plan Description
Qualification Date: 4/2/76
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 7/1/74
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 15,531
Medicaid: 0
Medicare: 68
FEHBP: 931
Average Net Change per Month: 232

DHEW ASSISTANCE:
Title XIII Grants awarded $1,127,372
Loans committed $3,500,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 521
Total Physician Encounters per Member: 2.5
Total Ambulatory Encounters per Member: 3.4

Financial Data for Year Ending 9/30/79
Income per Member per Month: $28.35
Expense per Member per Month: $32.41

HMO of Baton Rouge, Inc.
Baton Rouge, Louisiana

Plan Description
Qualification Date: 3/13/78
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 4/78
Type of Practice: Group
MUA Priority: No

Membership Data as of 9/30/79
Total: 8,232
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 353

DHEW ASSISTANCE:
Title XIII Grants awarded $1,165,175
Loans committed $2,500,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 420
Total Physician Encounters per Member: 4.1
Total Ambulatory Encounters per Member: 4.4

Financial Data for Year Ending 9/30/79
Income per Member per Month: $24.14
Expense per Member per Month: $35.94

Metropolitan Baltimore Health Care, Inc.
Baltimore, Maryland

Plan Description
Qualification Date: 4/3/78
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 4/78
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 4,078
Medicaid: 0
Medicare: 5
FEHBP: 0
Average Net Change per Month: 371

DHEW ASSISTANCE:
Title XIII Grants awarded $1,056,875
Loans committed $2,500,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 501
Total Physician Encounters per Member: 2.2
Total Ambulatory Encounters per Member: 4.7

Financial Data for Year Ending 9/30/79
Income per Member per Month: $33.55
Expense per Member per Month: $62.05

Health Plus
Riverdale, Maryland

Plan Description
Qualification Date: 12/28/78
Sponsorship: Community/Business
Non-Metropolitan: No
Operational Date: 1/1/79
Type of Practice: IPA
MUA Priority: No

Membership Data as of 9/30/79
Total: 590
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 0

DHEW ASSISTANCE:
Title XIII Grants awarded $ 840,437
Loans committed $1,819,000

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 529
Total Physician Encounters per Member: 2.8
Total Ambulatory Encounters per Member: 3.2

Financial Data for Period Ending 9/30/79
Income per Member per Month: $ 59.00
Expense per Member per Month: $183.54

NOTE: Data is for period from date of qualification to 9/30/79.

Valley Health Plan
Amherst, Massachusetts

Plan Description
Qualification Date: 5/10/78
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 10/76
Type of Practice: Group
MUA Priority: No

Membership Data as of 9/30/79
Total: 10,747
Medicaid: 420
Medicare: 0
FEHBP: 0
Average Net Change per Month: 286

DHEW ASSISTANCE:
Title XIII Grants awarded $750,619
Loans committed None

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 413
Total Physician Encounters per Member: 3.3
Total Ambulatory Encounters per Member: 5.1

Financial Data for Year Ending 9/30/79
Income per Member per Month: $30.14
Expense per Member per Month: $28.92

Harvard Community Health Plan
Boston, Massachusetts

Plan Description
Qualification Date: 9/1/77
Sponsorship: University
Non-Metropolitan: No
Operational Date: 10/69
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 9/30/78
Hospital Days per 1,000 Members: 338
Total Physician Encounters per Member: 2.1
Total Ambulatory Encounters per Member: 3.5

Membership Data as of 9/30/78
Total: 78,689
Medicaid: 2,838
Medicare: 952
FEHBP: 5,273
Average Net Change per Month: unknown

Financial Data for Year Ending 9/30/78
Income per Member per Month: $37.43
Expense per Member per Month: $37.01

DHEW ASSISTANCE:
Title XIII Grants awarded none
Loans committed none

NOTE: Data is for plan's fiscal year ending 9/30/78

Fallon Community Health Plan
Worcester, Massachusetts

Plan Description
Qualification Date: 11/21/78
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 2/77
Type of Practice: Group
MUA Priority: No

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 530
Total Physician Encounters per Member: 2.6
Total Ambulatory Encounters per Member: 3.6

Membership Data as of 9/30/79
Total: 14,234
Medicaid: 313
Medicare: 0
FEHBP: 76
Average Net Change per Month: 586

Financial Data for Period Ending 9/30/79
Income per Member per Month: $32.54
Expense per Member per Month: $31.08

DHEW ASSISTANCE:
Title XIII Grants awarded $ 810,198
Loans committed $1,527,000

NOTE: Data for period from date of qualification to 9/30/79.

Health Alliance Plan of Michigan
Detroit, Michigan

Plan Description
Qualification Date: 2/16/79
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 12/76
Type of Practice: Group
MUA Priority: No

Membership Data as of 9/30/79
Total: 78,919
Medicaid: 0
Medicare: 5,461
FEHBP: 3,546
Average Net Change per Month: 872

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 324
Total Physician Encounters per Member: 2.7
Total Ambulatory Encounters per Member: 2.0

Financial Data for Period Ending 9/30/79
Income per Member per Month: $37.83
Expense per Member per Month: $37.24

DHEW ASSISTANCE:
Title XIII Grants awarded None
Loans committed None

NOTE: Data is for period from date of qualification to 9/30/79.

Metro Health Plan, Inc.
Detroit, Michigan

Plan Description
Qualification Date: 10/17/78
Sponsorship: Hospital
Non-Metropolitan: No
Operational Date: 1/72
Type of Practice: Group
MUA Priority: No

Membership Data as of 9/30/79
Total: See note below
Medicaid:
Medicare:
FEHBP:
Average Net Change per Month:

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members:
Total Physician Encounters per Member:
Total Ambulatory Encounters per Member:

Financial Data for Year Ending 9/30/79
Income per Member per Month:
Expense per Member per Month:

DHEW ASSISTANCE:
Title XIII Grants awarded None
Loans committed None

NOTE: This HMO was merged with another federally qualified HMO, Health Alliance Plan of Michigan, Detroit, Michigan, effective 2/18/79. See separate profile for the latter organization.

Michigan Health Maintenance Organization Plans, Inc.
Detroit, Michigan

Plan Description
Qualification Date: 4/13/78
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 2/74
Type of Practice: IPA
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 406
Total Physician Encounters per Member: 2.3
Total Ambulatory Encounters per Member: 2.9

Membership Data as of 9/30/79
Total: 37,855
Medicaid: 25,401
Medicare: 12
FEHBP: 250
Average Net Change per Month: 996

Financial Data for Year Ending 9/30/79
Income per Member per Month: $45.90
Expense per Member per Month: $46.98

DHEW ASSISTANCE:
Title XIII Grants awarded $266,141
Loans committed None

Health Central, Inc.
Lansing, Michigan

Plan Description
Qualification Date: 12/6/77
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 12/77
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 302
Total Physician Encounters per Member: 2.4
Total Ambulatory Encounters per Member: 4.2

Membership Data as of 9/30/79
Total: 21,272
Medicaid: 0
Medicare: 39
FEHBP: 0
Average Net Change per Month: 1,371

Financial Data for Year Ending 9/30/79
Income per Member per Month: $31.73
Expense per Member per Month: $44.69

DHEW ASSISTANCE:
Title XIII Grants awarded $1,171,084
Loans committed $2,500,000

Group Health Service of Michigan
Saginaw, Michigan

Plan Description
Qualification Date: 8/27/79
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 7/76
Type of Practice: Staff
MUA Priority: No

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 438
Total Physician Encounters per Member: 4.5
Total Ambulatory Encounters per Member:6.3

Membership Data as of 9/30/79
Total: 11,394
Medicaid: 230
Medicare: 105
FEHBP: 0
Average Net Change per Month: unknown

Financial Data for Period Ending 9/30/79
Income per Member per Month: $35.50
Expense per Member per Month: $38.31

DHEW ASSISTANCE:
Title XIII Grants awarded $ 982,059
Loans committed None

NOTE: Data is for period from date of qualification to 9/30/79.

Independence Health Plan of
Southeastern Michigan, Inc.
Southfield, Michigan

Plan Description
Qualification Date: 8/6/79
Sponsorship: Physician/Business
Non-Metropolitan: No
Operational Date: 6/1/79
Type of Practice: IPA
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 456
Total Physician Encounters per Member: 4.9
Total Ambulatory Encounters per Member: 5.1

Membership Data as of 9/30/79
Total: 1,406
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 469

Financial Data for Year Ending 9/30/79
Income per Member per Month: $37.99
Expense per Member per Month: $59.44

DHEW ASSISTANCE:
Title XIII Grants awarded: None
Loans committed: None

NOTE: Data is for period from date of qualification to 9/30/79.

Group Health Plan of Southeast Michigan
Warren, Michigan

Plan Description
Qualification Date: 9/1/77
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 9/20/77
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 12,206
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 907

DHEW ASSISTANCE:
Title XIII Grants awarded $1,223,500
Loans committed $2,500,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 388
Total Physician Encounters per Member: 2.9
Total Ambulatory Encounters per Member: 3.6

Financial Data for Year Ending 9/30/79
Income per Member per Month: $33.34
Expense per Member per Month: $41.32

Share Health Plan
Bloomington, Minnesota

Plan Description
Qualification Date: 6/30/76
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 1/1/74
Type of Practice: Group
MUA Priority: No

Membership Data as of 9/30/79
Total: 26,893
Medicaid: 92
Medicare: 579
FEHBP: 409
Average Net Change per Month: 550

DHEW ASSISTANCE:
Title XIII Grants awarded $1,125,000
Loans committed $ 850,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 384
Total Physician Encounters per Member: 2.0
Total Ambulatory Encounters per Member: 4.1

Financial Data for Year Ending 9/30/79
Income per Member per Month: $30.14
Expense per Member per Month: $29.34

Community Group Health Plan dba Prime Health
Kansas City, Missouri

Plan Description
Qualification Date: 11/26/76
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 11/1/76
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 368
Total Physician Encounters per Member: 2.4
Total Ambulatory Encounters per Member: 4.0

Membership Data as of 9/30/79
Total: 25,749
Medicaid: 0
Medicare: 105
FEHBP: 1,853
Average Net Change per Month: 1,022

Financial Data for Year Ending 9/30/79
Income per Member per Month: $30.85
Expense per Member per Month: $32.35

DHEW ASSISTANCE:
Title XIII Grants awarded $1,112,381
Loans committed $2,273,000

Health Central
Lincoln, Nebraska

Plan Description
Qualification Date: 1/29/79
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 2/1/79
Type of Practice: Staff
MUA Priority: No

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 427
Total Physician Encounters per Member: 3.0
Total Ambulatory Encounters per Member: 4.3

Membership Data as of 9/30/79
Total: 5,994
Medicaid: 0
Medicare: 31
FEHBP: 0
Average Net Change per Month: 777

Financial Data for Period Ending 9/30/79
Income per Member per Month: $27.50
Expense per Member per Month: $57.25

DHEW ASSISTANCE:
Title XIII Grants awarded $1,248,394
Loans committed $2,500,000

NOTE: Data is for period from date of qualification to 9/30/79.

Matthew Thornton Health Plan
Nashua, New Hamphire

Plan Description
Qualification Date: 10/31/77
Sponsorship: Physician/Community
Non-Metropolitan: No
Operational Date: 7/73
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 402
Total Physician Encounters per Member: 2.7
Total Ambulatory Encounters per Member: 4.3

Membership Data as of 9/30/79
Total: 7,270
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 477

Financial Data for Year Ending 9/30/79
Income per Member per Month: $59.87
Expense per Member per Month: $59.97

DHEW ASSISTANCE:
Title XIII Grants awarded $ 920,246
Loans committed $ 859,000

CoMed, Inc.
Cedar Knolls, New Jersey

Plan Description
Qualification Date: 10/6/78
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 10/6/78
Type of Practice: IPA
MUA Priority: No

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 436
Total Physician Encounters per Member: 3.2
Total Ambulatory Encounters per Member: 3.8

Membership Data as of 9/30/79
Total: 5,107
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 426

Financial Data for Period Ending 9/30/79
Income per Member per Month: $28.17
Expense per Member per Month: $54.70

DHEW ASSISTANCE:
Title XIII Grants awarded $ 605,272
Loans committed $2,386,000

NOTE: Data is for period from date of qualification to 9/30/79

Health Care Plan of New Jersey, Inc.
Cherry Hill, New Jersey

Plan Description
Qualification Date: 5/27/76
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 6/1/76
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 21,065
Medicaid: 0
Medicare: 642
FEHBP: 0
Average Net Change per Month: 655

DHEW ASSISTANCE:
Title XIII Grants awarded $1,112,759
Loans committed $3,229,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 415
Total Physician Encounters per Member: 2.9
Total Ambulatory Encounters per Member: 4.5

Financial Data for Year Ending 9/30/79
Income per Member per Month: $24.99
Expense per Member per Month: $29.04

Crossroads Health Plan
East Orange, New Jersey

Plan Description
Qualification Date: 3/17/78
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 4/78
Type of Practice: IPA
MUA Priority: No

Membership Data as of 9/30/79
Total: 24,670
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 2,607

DHEW ASSISTANCE:
Title XIII Grants awarded $ 700,921
Loans committed $2,500,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 361
Total Physician Encounters per Member: 2.6
Total Ambulatory Encounters per Member: 2.7

Financial Data for Year Ending 9/30/79
Income per Member per Month: $24.57
Expense per Member per Month: $32.74

Group Health Plan of New Jersey
Guttenberg, New Jersey

Plan Description
Qualification Date: 6/27/77
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 7/77
Type of Practice: IPA
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: unknown
Total Physician Encounters per Member: unknown
Total Ambulatory Encounters per Member: unknown

Membership Data as of 9/30/79
Total: 0
Medicaid: 0
Medicare: 0
FEHBP: 249
Average Net Change per Month: unknown

Financial Data for Year Ending 9/30/79
Income per Member per Month: unknown
Expense per Member per Month: unknown

DHEW ASSISTANCE:
Title XIII Grants awarded $1,244,978
Loans committed $2,478,000

NOTE: This plan was placed in non-compliance on July 31, 1979.

Rutgers Community Health Plan
New Brunswick, New Jersey

Plan Description
Qualification Date: 7/1/76
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 7/76
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 339
Total Physician Encounters per Member: 3.1
Total Ambulatory Encounters per Member: 4.0

Membership Data as of 9/30/79
Total: 34,562
Medicaid: 0
Medicare: 0
FEHBP: 867
Average Net Change per Month: 972

Financial Data for Year Ending 9/30/79
Income per Member per Month: $25.41
Expense per Member per Month: $26.81

DHEW ASSISTANCE:
Title XIII Grants awarded $1,200,000
Loans committed $2,000,000

Southshore Health Plan, Inc.
Northfield, New Jersey

Plan Description
Qualification Date: 12/29/78
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 9/77
Type of Practice: IPA
MUA Priority: Yes

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 502
Total Physician Encounters per Member: 4.5
Total Ambulatory Encounters per Member: 4.6

Membership Data as of 9/30/79
Total: 4,638
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 413

Financial Data for Period Ending 9/30/79
Income per Member per Month: $25.61
Expense per Member per Month: $23.65

DHEW ASSISTANCE:
Title XIII Grants awarded $372,352
Loans committed None

NOTE: Data is for period from date of qualification to 9/30/79.

Central Essex Health Plan
Orange, New Jersey

Plan Description
Qualification Date: 12/28/76
Sponsorship: Hospital
Non-Metropolitan: No
Operational Date: 1/1/77
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: unknown
Total Physician Encounters per Member: unknown
Total Ambulatory Encounters per Member: unknown

Membership Data as of 9/30/79
Total: unknown
Medicaid: unknown
Medicare: unknown
FEHBP: unknown
Average Net Change per Month: 140

Financial Data for Year Ending 9/30/79
Income per Member per Month: unknown
Expense per Member per Month: unknown

DHEW ASSISTANCE:
Title XIII Grants awarded $1,044,607
Loans committed $2,178,000

NOTE: Federal qualification was revoked 5/21/79.

The Health Care Plan, Inc.
Buffalo, New York

Plan Description
Qualification Date: 8/31/78
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 9/1/78
Type of Practice: Staff
MUA Priority: Yes

Membership Data as of 9/30/79
Total: 9,952
Medicaid: 0
Medicare: 30
FEHBP: 0
Average Net Change per Month: 1,052

DHEW ASSISTANCE:
Title XIII Grants awarded $1,273,807
Loans committed $2,500,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 246
Total Physician Encounters per Member: 2.7
Total Ambulatory Encounters per Member: 3.4

Financial Data for Year Ending 9/30/79
Income per Member per Month: $24.56
Expense per Member per Month: $36.34

Community Health Plan of Suffolk, Inc.
Hauppauge, New York

Plan Description
Qualification Date: 10/4/78
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 10/78
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 14,748
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 1,229

DHEW ASSISTANCE:
Title XIII Grants awarded $1,175,000
Loans committed $2,226,000

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 387
Total Physician Encounters per Member: 4.2
Total Ambulatory Encounters per Member: 5.7

Financial Data for Period Ending 9/30/79
Income per Member per Month: $23.02
Expense per Member per Month: $35.82

NOTE: Data is for period from date of qualification to 9/30/79

Capital Area Community Health Plan
Latham, New York

Plan Description
Qualification Date: 12/6/76
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 1/77
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 23,665
Medicaid: 167
Medicare: 45
FEHBP: 1,923
Average Net Change per Month: 894

DHEW ASSISTANCE:
Title XIII Grants awarded $1,861,396
Loans committed $1,832,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 335
Total Physician Encounters per Member: 3.0
Total Ambulatory Encounters per Member: 4.6

Financial Data for Year Ending 9/30/79
Income per Member per Month: $29.66
Expense per Member per Month: $30.47

Manhattan Health Plan, Inc.
New York, New York

Plan Description
Qualification Date: 10/31/77
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 11/77
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 9,626
Medicaid: 0
Medicare: 14
FEHBP: 0
Average Net Change per Month: 755

DHEW ASSISTANCE:
Title XIII Grants awarded $1,174,487
Loans committed $2,500,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 227
Total Physician Encounters per Member: 2.9
Total Ambulatory Encounters per Member: 3.5

Financial Data for Year Ending 9/30/79
Income per Member per Month: $29.29
Expense per Member per Month: $44.67

Genesee Valley Group Health Association
Rochester, New York

Plan Description
Qualification Date: 1/30/76
Sponsorship: Carrier
Non-Metropolitan: No
Operational Date: 8/1/73
Type of Practice: Group
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 393
Total Physician Encounters per Member: 2.3
Total Ambulatory Encounters per Member: 4.1

Membership Data as of 9/30/79
Total: 36,838
Medicaid: 0
Medicare: 0
FEHBP: 813
Average Net Change per Month: 99

Financial Data for Year Ending 9/30/79
Income per Member per Month: $27.03
Expense per Member per Month: $28.42

DHEW ASSISTANCE:
Title XIII Grants awarded $ 456,150
Loans committed $2,500,000

Westchester Community Health Plan
White Plains, New York

Plan Description
Qualification Date: 9/28/76
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 9/76
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 376
Total Physician Encounters per Member: 3.3
Total Ambulatory Encounters per Member: 5.3

Membership Data as of 9/30/79
Total: 17,142
Medicaid: 0
Medicare: 415
FEHBP: 161
Average Net Change per Month: 513

Financial Data for Year Ending 9/30/79
Income per Member per Month: $29.54
Expense per Member per Month: $32.30

DHEW ASSISTANCE:
Title XIII Grants awarded $1,114,902
Loans committed $2,500,000

West River HMO
Hettinger, North Dakota

Plan Description
Qualification Date: 3/19/79
Sponsorship: Community/Physician
Non-Metropolitan: No
Operational Date: 9/30/78
Type of Practice: Group
MUA Priority: No

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 542
Total Physician Encounters per Member: 3.3
Total Ambulatory Encounters per Member: 3.3

Membership Data as of 9/30/79
Total: 2,026
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 70

Financial Data for Period Ending 9/30/79
Income per Member per Month: $41.19
Expense per Member per Month: $40.75

DHEW ASSISTANCE:
Title XIII Grants awarded $ 740,343
Loans committed $ 399,000

NOTE: Data is for period from time of qualification to 9/30/79.

Kaiser Community Health Plan of Ohio
Cleveland, Ohio

Plan Description
Qualification Date: 10/27/77
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 1/69
Type of Practice: Group
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 421
Total Physician Encounters per Member: 2.8
Total Ambulatory Encounters per Member: 3.9

Membership Data as of 12/31/78
Total: 118,341
Medicaid: 0
Medicare: 5,621
FEHBP: 7,015
Average Net Change per Month: 179

Financial Data for Year Ending 9/30/79
Income per Member per Month: $32.04
Expense per Member per Month: $31.29

DHEW ASSISTANCE:
Title XIII Grants awarded None
Loans committed None

NOTE: Data is for plan's fiscal year ending 12/31/78.

Marion Health Foundation
Marion, Ohio

Plan Description
Qualification Date: 11/30/76
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 5/76
Type of Practice: IPA
MUA Priority: No

Membership Data as of 9/30/79
Total: 11,922
Medicaid: 0
Medicare: 0
FEHBP: 87
Average Net Change per Month: 359

DHEW ASSISTANCE:
Title XIII Grants awarded $ 419,115
Loans committed None

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 611
Total Physician Encounters per Member: 5.6
Total Ambulatory Encounters per Member: 6.3

Financial Data for Year Ending 9/30/79
Income per Member per Month: $28.57
Expense per Member per Month: $27.85

The Toledo Plan/Health Plus
Toledo, Ohio

Plan Description
Qualification Date: 10/30/78
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 10/78
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 4,664
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 389

DHEW ASSISTANCE:
Title XIII Grants awarded $1,174,900
Loans committed None

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 510
Total Physician Encounters per Member: 2.6
Total Ambulatory Encounters per Member: 3.3

Financial Data for Period Ending 9/30/79
Income per Member per Month: $36.92
Expense per Member per Month: $83.21

NOTE: Data for period from date of qualification to 9/30/79

Physicians Association of Clackamas County, Inc.
Gladstone, Oregon

Plan Description
Qualification Date: 3/29/79
Sponsorship: Physician/Community
Non-Metropolitan: No
Operational Date: prior to 1970
Type of Practice: Staff
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 393
Total Physician Encounters per Member: 3.9
Total Ambulatory Encounters per Member: 4.0

Membership Data as of 9/30/79
Total: 10,786
Medicaid: 0
Medicare: 2,986
FEHBP: 0
Average Net Change per Month: 0

Financial Data for Year Ending 9/30/79
Income per Member per Month: unknown
Expense per Member per Month: unknown

DHEW ASSISTANCE:
Title XIII Grants awarded 0
Loans committed 0

NOTE: Total membership figure is from HMO Census as of 6/30/79. First annual report not yet due for fiscal year ending 12/31/79.

Health Maintenance of Oregon, Inc.
Portland, Oregon

Plan Description
Qualification Date: 6/9/78
Sponsorship: Carrier
Non-Metropolitan: No
Operational Date: 7/1/77
Type of Practice: IPA
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 371
Total Physician Encounters per Member: 4.4
Total Ambulatory Encounters per Member: 4.9

Membership Data as of 9/30/79
Total: 17,522
Medicaid: 0
Medicare: 0
FEHBP: 200
Average Net Change per Month: 1,801

Financial Data for Year Ending 9/30/79
Income per Member per Month: $31.30
Expense per Member per Month: $37.50

DHEW ASSISTANCE:
Title XIII Grants awarded None
Loans committed None

Kaiser Foundation Health Plan of Oregon
Portland, Oregon

Plan Description
Qualification Date: 10/27/77
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 1947
Type of Practice: Group
MUA Priority: No

Utilization Data for Year Ending 12/31/78
Hospital Days per 1,000 Members: 279
Total Physician Encounters per Member: 2.8
Total Ambulatory Encounters per Member: 3.9

Membership Data as of 12/13/78
Total: 222,092
Medicaid: 11,173
Medicare: 15,372
FEHBP: 23,372
Average Net Change per Month: 340

Financial Data for Year Ending 12/31/78
Income per Member per Month: $30.41
Expense per Member per Month: $29.71

DHEW ASSISTANCE:
Title XIII Grants awarded: None
Loans committed: None

NOTE: Data is for plan's fiscal year ending 12/31/78.

Portland Metro Health, Inc.
Portland, Oregon

Plan Description
Qualification Date: 1/1/76
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 1/76
Type of Practice: IPA
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 524
Total Physician Encounters per Member: 4.2
Total Ambulatory Encounters per Member: 4.5

Membership Data as of 9/30/79
Total: 16,948
Medicaid: 1,022
Medicare: 59
FEHBP: 867
Average Net Change per Month: 210

Financial Data for Year Ending 9/30/79
Income per Member per Month: $39.99
Expense per Member per Month: $40.19

DHEW ASSISTANCE:
Title XIII Grants Awarded: 0

NOTE: Data is for period from date of qualification to 9/30/79.

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Capitol Health Care, Inc.
Salem, Oregon

Plan Description

Qualification Date: 3/1/78
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 6/77
Type of Practice: IPA
MUA Priority: No

Utilization Data for Year Ending 9/30/79

Hospital Days per 1,000 Members: 499
Total Physician Encounters per Member: 3.6
Total Ambulatory Encounters per Member: 4.3

Membership Data as of 9/30/79

Total: 4,825
Medicaid: 0
Medicare: 0
FEHBP: 148
Average Net Change per Month: -242

Financial Data for Year Ending 9/30/79

Income per Member per Month: $33.84
Expense per Member per Month: $32.50

DHEW ASSISTANCE:

Title XIII Grants awarded: $174,922
Loans committed: $1,213,000

Eastern Pennsylvania HMO
Allentown, Pennsylvania

Plan Description

Qualification Date: 2/9/79
Sponsorship: Carrier/Business
Non-Metropolitan: No
Operational Date: 2/9/79
Type of Practice: IPA
MUA Priority: No

Utilization Data for Period Ending 9/30/79

Hospital Days per 1,000 Members: 677
Total Physician Encounters per Member: 3.2
Total Ambulatory Encounters per Member: 3.2

Membership Data as of 9/30/79

Total: 557
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 0

Financial Data for Period Ending 9/30/79

Income per Member per Month: $ 29.73
Expense per Member per Month: $254.17

DHEW ASSISTANCE:

Title XIII Grants awarded $ 649,277
Loans committed $2,078,000

NOTE: Data is for period from date of qualification to 9/30/79.

Health Service Plan of Pennsylvania
Philadelphia, Pennsylvania

Plan Description
Qualification Date: 4/26/76
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 4/1/74
Type of Practice: Group
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 426
Total Physician Encounters per Member: 4.2
Total Ambulatory Encounters per Member: 5.2

Membership Data as of 9/30/79
Total: 17,377
Medicaid: 0
Medicare: 0
FEHBP: 175
Average Net Change per Month: 311

Financial Data for Year Ending 9/30/79
Income per Member per Month: $28.23
Expense per Member per Month: $30.87

DHEW ASSISTANCE:
Title XIII Grants awarded $3,832,571
Loans committed $2,500,000

Philadelphia Health Plan
Philadelphia, Pennsylvania

Plan Description
Qualification Date: 4/13/79
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 3/15/74
Type of Practice: Group
MUA Priority: No

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 495
Total Physician Encounters per Member: 2.4
Total Ambulatory Encounters per Member: 2.9

Membership Data as of 9/30/79
Total: 20,276
Medicaid: 1,078
Medicare: 0
FEHBP: 1,275
Average Net Change per Month: 243

Financial Data for Period Ending 9/30/79
Income per Member per Month: $30.74
Expense per Member per Month: $36.64

DHEW ASSISTANCE:
Title XIII Grants awarded none
Loans committed none

NOTE: Data is for period from date of qualification to 9/30/79.

Penn Group Health Plan
Pittsburgh, Pennsylvania

Plan Description
Qualification Date: 11/28/75
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 6/75
Type of Practice: Group
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 513
Total Physician Encounters per Member: 2.6
Total Ambulatory Encounters per Member: 3.3

Membership Data as of 9/30/79
Total: 19,204
Medicaid: 0
Medicare: 0
FEHBP: 656
Average Net Change per Month: 173

Financial Data for Year Ending 9/30/79
Income per Member per Month: $29.54
Expense per Member per Month: $34.65

DHEW ASSISTANCE:
Title XIII Grants awarded $1,498,781
Loans committed $3,280,000

Greater Delaware Valley Health Care, Inc.
Radnor, Pennsylvania

Plan Description
Qualification Date: 10/30/78
Sponsorship: Community/Business
Non-Metropolitan: No
Operational Date: 4/1/78
Type of Practice: IPA
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 666
Total Physician Encounters per Member: 4.0
Total Ambulatory Encounters per Member: 4.0

Membership Data as of 9/30/79
Total: 4,258
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 241

Financial Data for Year Ending 9/30/79
Income per Member per Month: $32.64
Expense per Member per Month: $53.72

DHEW ASSISTANCE:
Title XIII Grants awarded $ 878,199
Loans committed $1,793,000

HMO of Pennsylvania
Willow Grove, Pennsylvania

Plan Description
Qualification Date: 6/1/77
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 3/31/77
Type of Practice: IPA
MUA Priority: No

Membership Data as of 9/30/79
Total: 35,245
Medicaid: 0
Medicare: 402
FEHBP: 1,498
Average Net Change per Month: 2,237

DHEW ASSISTANCE:
Title XIII Grants awarded $ 815,106
Loans committed $2,500,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 508
Total Physician Encounters per Member: 3.3
Total Ambulatory Encounters per Member: 3.3

Financial Data for Year Ending 9/30/79
Income per Member per Month: $26.71
Expense per Member per Month: $29.18

Rhode Island Group Health Association
Providence, Rhode Island

Plan Description
Qualification Date: 10/30/75
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 6/71
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 28,832
Medicaid: 137
Medicare: 905
FEHBP: 2,005
Average Net Change per Month: 207

DHEW ASSISTANCE:
Title XIII Grants awarded $1,542,255
Loans committed $2,500,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 350
Total Physician Encounters per Member: 2.8
Total Ambulatory Encounters per Member: 4.0

Financial Data for Year Ending 9/30/79
Income per Member per Month: $34.59
Expense per Member per Month: $34.37

Piedmont Health Care Corporation
Greenville, South Carolina

Plan Description
Qualification Date: 12/29/75
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 5/75
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 5,429
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 59

DHEW ASSISTANCE:
Title XIII Grants awarded $70,860
Loans committed None

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 538
Total Physician Encounters per Member: 4.3
Total Ambulatory Encounters per Member: 4.8

Financial Data for Year Ending 9/30/79
Income per Member per Month: $25.54
Expense per Member per Month: $27.15

MetroCare
Arlington, Texas

Plan Description
Qualification Date: 1/30/79
Sponsorship: Physician
Non-Metropolitan: No
Operational Date: 2/14/79
Type of Practice: IPA
MUA Priority: No

Membership Data as of 9/30/79
Total: 725
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 104

DHEW ASSISTANCE:
Title XIII Grants awarded $1,017,181
Loans committed $1,691,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 1,166
Total Physician Encounters per Member: 3.9
Total Ambulatory Encounters per Member: 3.9

Financial Data for Year Ending 9/30/79
Income per Member per Month: $ 52.68
Expense per Member per Month: $270.49

NOTE: Data is for period from date of qualification to 9/30/79.

Texas Prepaid Health Plan
Bellaire, Texas

Plan Description
Qualification Date: 5/31/79
Sponsorship: Physician/Hospital
Non-Metropolitan: No
Operational Date: 1/78
Type of Practice: IPA
MUA Priority: No

Membership Data as of 9/30/79
Total: 2,595
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 124

DHEW ASSISTANCE:
Title XIII Grants awarded None
Loans committed $1,612,300

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 265
Total Physician Encounters per Member: 1.6
Total Ambulatory Encounters per Member: 1.7

Financial Data for Period Ending 9/30/79
Income per Member per Month: $28.97
Expense per Member per Month: $63.06

NOTE: Data is for period from date of qualification to 9/30/79.

Kaiser/Prudential Health Plan
Dallas, Texas

Plan Description
Qualification Date: 5/30/79
Sponsorship: Carrier A
Non-Metropolitan: No
Operational Date: 6/1/79
Type of Practice: Group
MUA Priority: No

Membership Data as of 9/30/79
Total: 1,179
Medicaid: 0
Medicare: 18
FEHBP: 0
Average Net Change per Month: 179

DHEW ASSISTANCE:
Title XIII Grants awarded None
Loans committed None

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 447
Total Physician Encounters per Member: 4.8
Total Ambulatory Encounters per Member: 5.2

Financial Data for Period Ending 9/30/79
Income per Member per Month: $66.58
Expense per Member per Month: $172.63

NOTE: Data is for period from date of qualification to 9/30/79.

Group Health of El Paso
El Paso, Texas

Plan Description
Qualification Date: 2/27/78
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 9/77
Type of Practice: Group
MUA Priority: No

Membership Data as of 9/30/79
Total: 9,104
Medicaid: 0
Medicare: 0
FEHBP: 264
Average Net Change per Month: 491

DHEW ASSISTANCE:
Title XIII Grants awarded $ 962,129
Loans committed $1,145,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 472
Total Physician Encounters per Member: 3.8
Total Ambulatory Encounters per Member: 4.4

Financial Data for Year Ending 9/30/79
Income per Member per Month: $24.21
Expense per Member per Month: $30.64

Prudential Health Care Inc.
Houston, Texas

Plan Description
Qualification Date: 6/2/76
Sponsorship: Carrier
Non-Metropolitan: No
Operational Date: 7/1/76
Type of Practice: Group
MUA Priority: No

Membership Data as of 9/30/79
Total: 28,183
Medicaid: 0
Medicare: 0
FEHBP: 759
Average Net Change per Month: 1,270

DHEW ASSISTANCE:
Title XIII Grants awarded none
Loans committed none

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 461
Total Physician Encounters per Member: 3.6
Total Ambulatory Encounters per Member: 4.2

Financial Data for Year Ending 9/30/79
Income per Member per Month: $30.52
Expense per Member per Month: $30.37

Southwest Medical Plan, Inc.
San Antonio, Texas

Plan Description
Qualification Date: 12/4/78
Sponsorship: Hospital
Non-Metropolitan: No
Operational Date: 12/78
Type of Practice: Group
MUA Priority: No

Membership Data as of 9/30/79
Total: 3,169
Medicaid: 0
Medicare: 3
FEHBP: 0
Average Net Change per Month: 453

DHEW ASSISTANCE:
Title XIII Grants awarded $1,124,866
Loans committed $2,452,000

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 663
Total Physician Encounters per Member: 5.9
Total Ambulatory Encounters per Member: 6.0

Financial Data for Period Ending 9/30/79
Income per Member per Month: $ 33.17
Expense per Member per Month: $104.48

NOTE: Data is for period from date of qualification to 9/30/79.

Cooperative Health Plan
of Greater Spokane
Spokane, Washington

Plan Description
Qualification Date: 8/30/77
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 8/1/77
Type of Practice: Group
MUA Priority: No

Membership Data as of 9/30/79
Total: 16,738
Medicaid: 763
Medicare: 196
FEHBP: 0
Average Net Change per Month: 690

DHEW ASSISTANCE:
Title XIII Grants awarded $1,172,480
Loans committed $2,500,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 350
Total Physician Encounters per Member: 2.8
Total Ambulatory Encounters per Member: 4.0

Financial Data for Year Ending 9/30/79
Income per Member per Month: $26.56
Expense per Member per Month: $35.69

Sound Health Association
Tacoma, Washington

Plan Description
Qualification Date: 11/74
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 4/1/74
Type of Practice: Group
MUA Priority: No

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members:
Total Physician Encounters per Member:
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/79
Total:
Medicaid:
Medicare:
FEHBP:
Average Net Change per Month:

Financial Data for Year Ending 9/30/79
Income per Member per Month:
Expense per Member per Month:

DHEW ASSISTANCE:
Title XIII Grants awarded $ 304,738
Loans committed $2,500,000

NOTE: Federal qualification was revoked 4/2/79.

Family Health Plan Cooperative
Milwaukee, WI

Plan Description
Qualification Date: 2/22/79
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 2/28/79
Type of Practice: Staff
MUA Priority: No

Utilization Data for Period Ending 9/30/79
Hospital Days per 1,000 Members: 421
Total Physician Encounters per Member: 4.0
Total Ambulatory Encounters per Member: 5.4

Membership Data as of 9/30/79
Total: 2,290
Medicaid: 0
Medicare: 0
FEHBP: 0
Average Net Change per Month: 327

Financial Data for Period Ending 9/30/79
Income per Member per Month: $ 41.80
Expense per Member per Month: $134.69

DHEW ASSISTANCE:
Title XIII Grants awarded $1,211,415
Loans committed $2,058,000

NOTE: Data is for period from date of qualification to 9/30/79.

Group Health Cooperative of South Central Wisconsin
Madison, Wisconsin

Plan Description
Qualification Date: 6/27/77
Sponsorship: Community
Non-Metropolitan: No
Operational Date: 3/1/76
Type of Practice: Staff
MUA Priority: No

Membership Data as of 9/30/79
Total: 7,590
Medicaid: 47
Medicare: 0
FEHBP: 336
Average Net Change per Month: 325

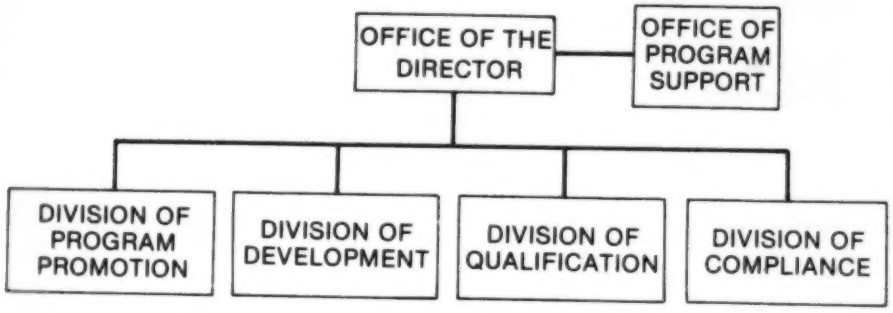
DHEW ASSISTANCE:
Title XIII Grants awarded $1,250,000
Loans committed $2,500,000

Utilization Data for Year Ending 9/30/79
Hospital Days per 1,000 Members: 432
Total Physician Encounters per Member: 2.4
Total Ambulatory Encounters per Member: 5.5

Financial Data for Year Ending 9/30/79
Income per Member per Month: $35.97
Expense per Member per Month: $46.95

APPENDIX I

Office of Health Maintenance Organizations



APPENDIX II

Office of Health Maintenance Organizations: Functional Statements

Office of the Director

Implements the HMO program through five central office divisions and a field staff of 10 regional offices.

Coordinates policy and regulation development.

Develops a comprehensive strategy for national HMO development.

Maintains liaison with interested outside organizations and groups.

Coordinates with the Department for intergovernmental and Congressional liaison.

Office of Program Support

Directs administrative, fiscal, and related management services.

Implements budget formulation, presentation, and execution.

Develops and maintains manpower management amd work planning systems for the central and regional offices.

Coordinates personnel activities.

Manages administrative aspects of contract activities.

Provides correspondence management.

Division of Program Promotion

Develops strategies to increase public awareness of the HMO concept and provides assistance to federal, state, public and private agencies to identify areas for HMO development.

Analyzes potential HMO development geographically and by sponsor.

Coordinates promotional activities with national professional and trade organizations.

Arranges for development, publication, and distribution of promotional, educational, and guidance materials.

Division of Development

Makes award recommendations and monitors grants, loans, and loan guarantees.

Directs and coordinates grant and loan management in the central and regional offices.

Establishes standards and procedures for HMO grant reviews and loan applications.

Provides advice and assistance to individuals and organizations who seek to develop an HMO.

Division of Qualification

Establishes qualification standards and determines acceptability of entities seeking to become "qualified HMOs."

Refines review procedures to facilitate the qualification process.

Provides guidance on interpretation of policy guidelines and regulations related to qualification.

Provides technical assistance to HMOs.

Division of Compliance

Assures the continuing of compliance of HMOs with the statutory requirements of the HMO law.

Monitors employers' compliance with mandatory offering of the HMO alternative in employee health benefits plans.

Reviews standards, procedures, and reporting requirements for monitoring HMOs that receive financial assistance.

Establishes and updates standards and procedures for compliance monitoring of qualified HMOs.

Reviews fiscal viability of all qualified HMOs.

APPENDIX III

Office of Health Maintenance Organizations: Regulatory Changes

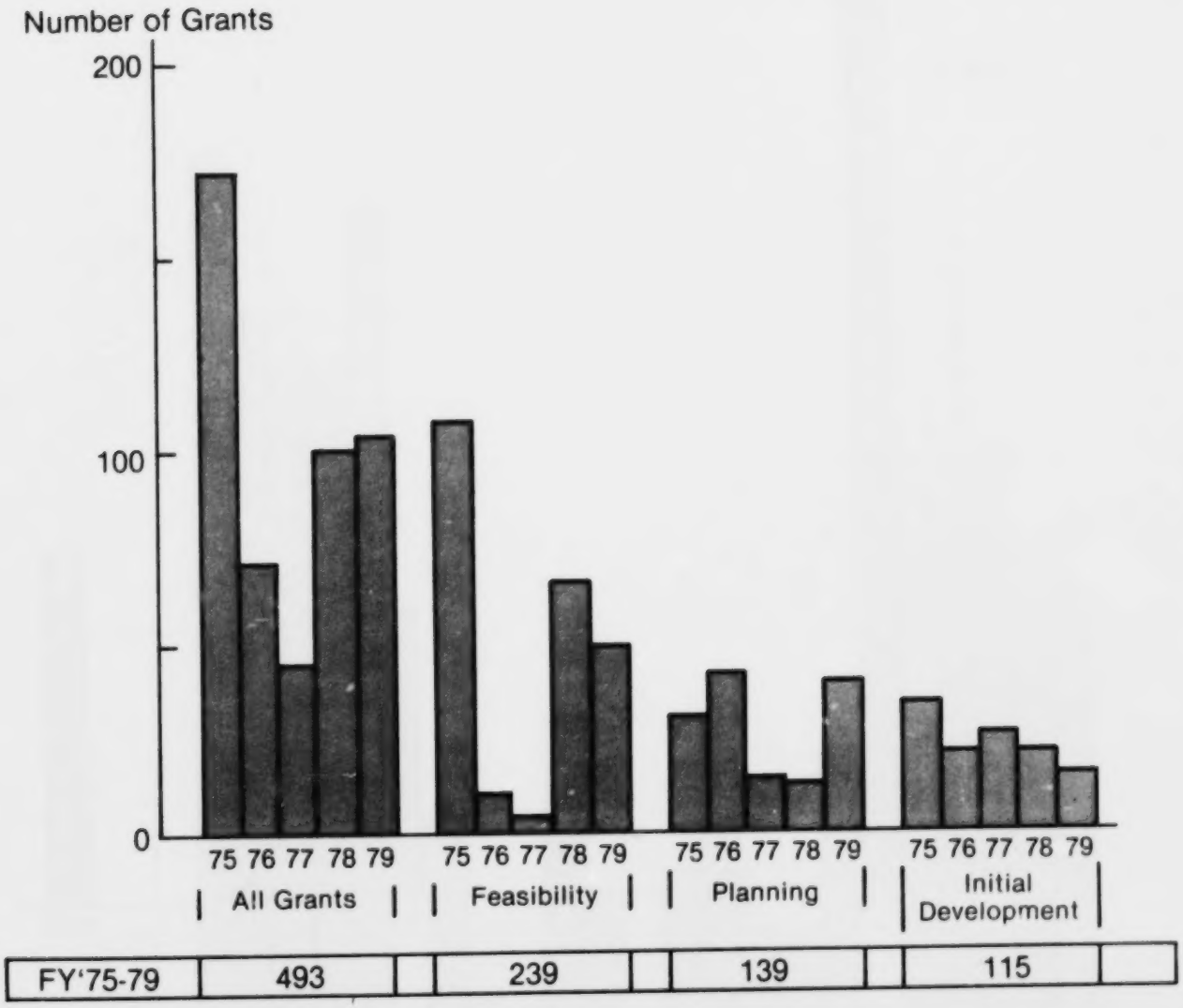
	Subpart and Title	Currently in Effect	Present Status
A.	Requirements for an HMO	Published 7/18/79 Effective 8/17/79 (interim)	Public comments due 9/17/79. Now being reviewed.
	Relationships between federally qualified HMOs and other parties (third party issues)		Notice of Proposed Rulemaking (NPRM) 7/18/79 Public comments due 9/17/79. Now being reviewed.
	Employee Retirement Income Security Act (ERISA) provision		NPRM 6/22/79 Public comments due 8/21/79. Now being reviewed.
B.	Federal Financial Assistance: General	7/18/79 (final)	Public comments due 9/17/79 on one proposed rule. Now being reviewed.
C.	Grants for Feasibility Surveys	10/27/78 (final)	Under revision.
D.	Grants and Loan Guarantees for Planning and Initial Development Costs.	10/27/78 (final)	Submitted 9/5/79 for official clearance.
E.	Loans and Loan Guarantees for Initial Operating Costs	2/22/79 (interim)	Submitted 9/5/79 for official clearance.

Appendix III -- Regulatory Changes

	Subpart and Title	Currently in Effect	Present Status
F.	Qualification of HMOs	6/8/77 (interim)	Under revision
G.	Restrictive State Laws and Practices	10/18/74 (final)	
H.	Employees' Health Benefits Plans	4/25/78 (interim)	NPRM published 7/18/79; public comments due 9/17/79. Now being revised.
	Payroll Deductions Provision	7/18/79 (final)	
I.	Continued Regulations of HMOs and Other Entities	7/25/78 (final)	
J.	Reconsiderations and Hearings		NPRN 9/17/76 Notice to withdraw NPRM approved by OS pending written hearings guidelines.
New subpart J	(construction regulations)	None	Draft near completion -- due to be submitted for clearance 9/21/79.

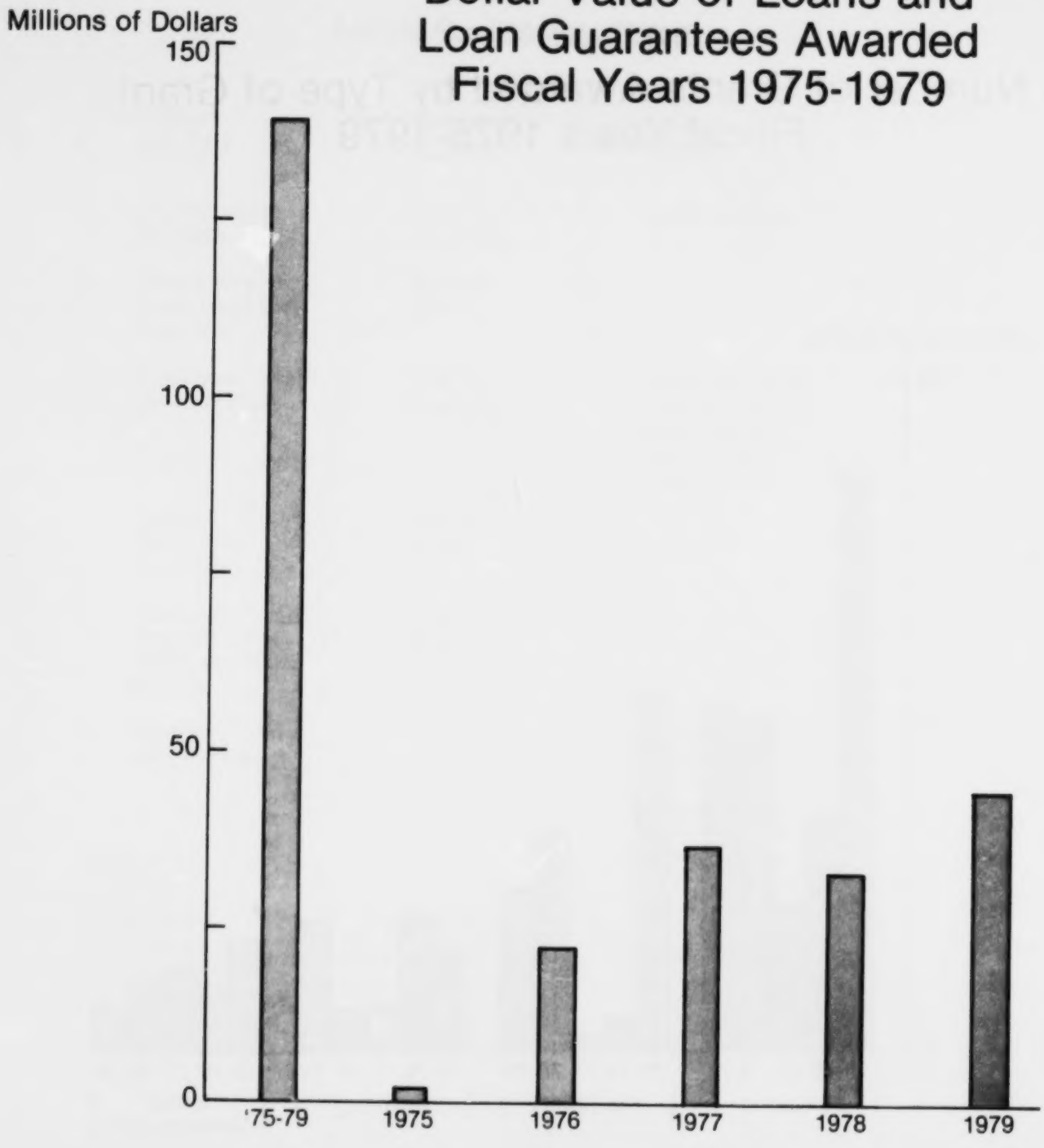
APPENDIX IV

Number of Grants Awarded by Type of Grant Fiscal Years 1975-1979



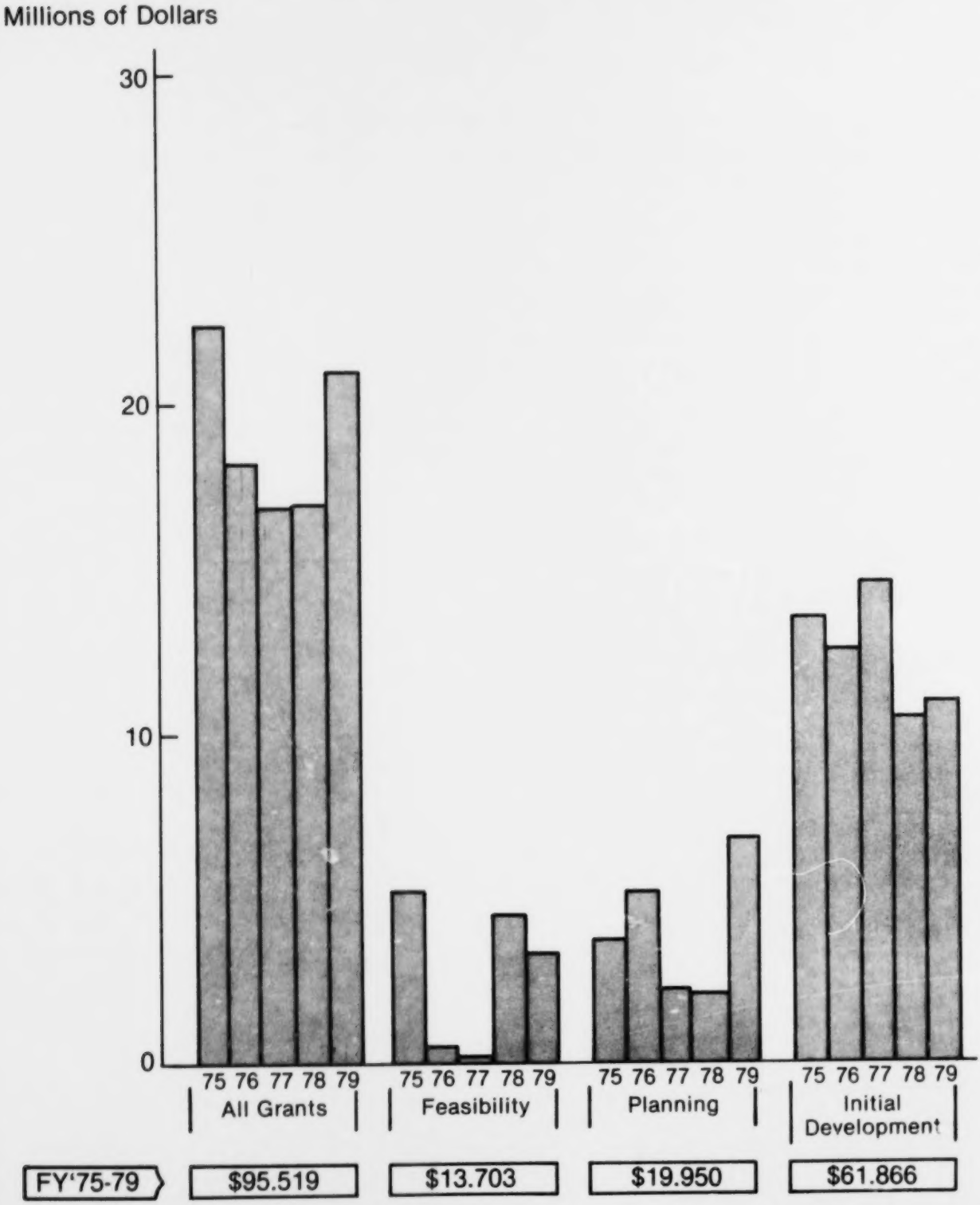
FY'75-79	493	239	139	115

Dollar Value of Loans and Loan Guarantees Awarded Fiscal Years 1975-1979



Number	85	2	16	18	20	29
Dollars	139.032	2.446	22.832	36.168	33.413	44.173

Dollar Value of Grants Awarded by Type of Grant Fiscal Years 1975-1979



*U.S. GOVERNMENT PRINTING OFFICE: 1981-0-723-931/776

HMO

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Public Health Service
Office of the Assistant Secretary for Health
Office of Health Maintenance Organizations
Division of Compliance
Rockville, Maryland 20857

DHHS Publications No. (PHS) 81-50138